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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL

OF

MEDICINE AND SURGERY.

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VOL. VIII. PHILADELPHIA, JANUARY, 1886. No. 1.

CLINICAL LECTURES.

TWO CASES OF DISEASE OF THE NERVOUS SYSTEM.

BY WILLIAM PEPPER, M.D., LL.D.,
Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first patient presents the following history: J. A., æt. 64 years, a teamster by occupation. His general health has been good. When thirty years of age he had typhoid fever. After that he seemed as well as ever. In 1876 he had an attack of articular rheumatism, followed by a second attack one year later. His habits are good, but he drinks rather freely. In 1862 he had gonorrhœa, but apparently has had no syphilitic disease. He now complains of pains in the arms, back, and across the shoulders; the pains being worst in the left arm. For the past two years he has noted a loss of power in these limbs, which has become so marked as to necessitate his stopping work.

As he moves his arms, you notice a certain slowness and weakness in their movements, but there is no true paralysis of any muscle. There is impairment of power, but no actual palsy. The term paresis is often used to indicate impaired power; but I do not think it desirable to have such a special term, as the degree of impairment varies. I prefer to say slight, moderate, or marked impairment of power.

In order to determine whether or not this impairment is due to trouble in the shoulder joint, I grasp the arm and move it in various directions. There is some stiffness of the right arm, but no anchylosis. The left humerus has been broken and badly treated. There is here a large mass of callus, and there is more stiffness than on the opposite side. As a result of the adhesions and pressure on the brachial cords, there has been increased weakness and interference with nutrition. The deltoid muscle is distinctly wasted. There is no impairment of sensation.

There is another symptom, and that is marked tremor of the muscles. On close watching fibrillar twitchings are seen in different positions. When he attempts to move the arms, there is marked muscular tremor. This is quite distinct on both sides.

The symptom tremor is connected with a number of diseases. I have pointed out to you the muscular quivering and fibrillar twitching which come before progressive muscular atrophy. This is one of the earliest symptoms of that condition. The muscles begin to twitch, then become weak and waste. I have indicated the tremor which is seen in sclerosis. This is different from the tremor seen in progressive muscular atrophy, in the fact that in progressive muscular atrophy the tremor occurs when the limb is quiet, while in sclerosis the tremor occurs during motion.

Tremor may be the result of chronic alcoholism. It may also result from the effect of various metallic poisons, such as mercury, arsenic, or copper. Of these toxic agents, alcohol alone could be suspected of being the toxic agent in this case.

Again, there is a form of disease known as paralysis agitans, in which tremor is the

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main symptom. This is a form of muscular tremor associated with the weakness of the affected muscles, which, beginning in a single group, extends until it may involve the entire half of the body, or it may affect both arms and sometimes all four members. It is very apt to begin in the hand, but I have known it to begin in the feet. It usually comes on in persons advanced in life. Mental worry, long strain, care, and overwork favor its development. Its lesions are somewhat obscure. The muscles may waste a little, or they may not diminish in bulk. The disease lasts many years; sometimes it is checked in its progress, but usually it goes on involving the muscles of the extremities, passing to the head, involving the lips, and finally affecting more vital muscles, and death results from gradual exhaustion. Paralysis agitans is a bad name, for the disease is not a true paralysis. It is a progressive muscular tremor, associated with some weakness and some wasting of the muscles.

What is the cause of the tremor in this case? Is it due to disease of the central nervous system? I feel doubtful about this. I consider that the local injury of the brachial plexus of the left side is of importance. I should not be willing to make an unfavorable prognosis until a prolonged course of manipulation and electricity has been tried. The partial anchylosis must be broken up by manipulation. There is also some stiffness of the right shoulder joint, which must be removed. The nutrition of the muscles has deteriorated. The tremor is most marked in those muscles supplied by the left brachial plexus. That may be due to neuritis or peri-neuritis of the nerve trunks. The condition of the right side is not sufficiently marked to make me express a positively unfavorable prognosis, yet the fibrillar quivering and slight wasting which has already taken place, and the growing weakness of the right arm, make me fear that the condition will eventually pass into one of progressive muscular atrophy.

The man shall be given a course of forcible manipulation to break up the adhesions. Internally, I shall prescribe a tonic course of treatment, with the syrup of the iodide of iron in from ten to thirty drop doses, three times a day in water, after meals. We shall have the man again report in one month.

Localized Meningitis, or Intra-cranial Tumor.—Our next patient, Mrs. C—, æt 50, a widow, with two children, comes to us complaining of an unusual group of symptoms, which have been developing for the past six months. She complains of dizziness, accompanied with dull headache. There has been nausea, with a bad taste in the mouth, and sometimes vomiting. The appetite has been irregular, with gastric indigestion, flatulence, and acid eructations. There has been regular action of the bowels. During the past six months the eyesight has also been failing. When the dizziness comes on she staggers, but has never fallen. There is no pain in any part of the body, with the exception of the head, but for some time there has been considerable headache. The heart is normal. There is no swelling of the face or of the ankles. She rarely has to get up at night to urinate. There has as yet not been an opportunity to examine the urine. The ophthalmoscope shows double optic neuritis.

We have, then, the following group of symptoms: long-standing headache, worse during the past six months; dizziness, almost constant, and worse on making any sudden movement, with a staggering gait, and occasionally with the sense of surrounding objects moving; failure of vision with double progressive optic neuritis; more or less dyspepsia, and when the head first began to trouble her, there was vomiting every morning of one or two mouthfuls. She now vomits not more than once a week. This was probably the result of reflex irritation, cerebral in its origin.

There are several features of marked interest in this case. The dizziness is an interesting symptom. This is often of a functional character, and connected with derangement of the digestion. In some cases, irritation of the stomach causes extreme giddiness. Then again it is often connected with the imperfect elaboration and imperfect assimilation of food, and the passage into the system of matters crude and irritating, and these, acting upon the brain, will induce troublesome giddiness. Patients with so-called lithæmia, or internal gout, often manifest this symptom. Dizziness is often the result of feeble circulation. In cases of cerebral anæmia, where the circulation of the brain is interfered with, as by thickening of the arteries supplying the brain, dizziness is a prominent symptom. Dizziness may also be connected with general anæmia.

This symptom is sometimes connected with

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organic disease. A few days ago, a physician from the interior of the State called on me, complaining of sudden spells of dizziness, coming on without warning. Objects around him suddenly rose into the air, and he would grasp out for something to steady himself, frequently falling to the ground. Three times within the past four months, he had suddenly fallen to the floor while shaving, fortunately without injuring himself. On no occasion had there been loss of consciousness. The giddiness passed over in a minute, and then he would get up. These attacks had come on a number of times during the past three years. In addition, there had been less violent attacks occurring more frequently. Examining him carefully, I found that this was connected with total deafness of the left ear and constant tinnitus, but with absolutely no other evidence of derangement of the system. In this case we had an instance of aural vertigo, labyrinthian vertigo, or Meniere's disease, as it is commonly called. It is a rare affection, in which the irritation is sent to the surface of the brain from chronic affection of the filaments of the auditory nerve, and connected with serious disease of the middle and internal ear. In some cases these attacks assume almost the appearance of epileptic seizures.

Dizziness is frequently associated with brain tumor, where there is pressure on the surface of the brain due to the development of the growth. The other symptoms of cerebral tumor are pain, sometimes intense and local, sometimes more diffused; local palsy of some nerve trunk coming from the brain; optic neuritis, from extension of irritation along the sheath of the nerve, and, finally, strangulation of the nerve, causing its atrophy; of course with this there is impairment of vision, convulsions from irritation of the brain cortex, and these are often more marked on one side of the body than on the other, and sometimes there is loss of consciousness. Occasionally there is irritation of the pneumogastric nerve giving rise to hiccough and vomiting. It is unnecessary to say that a local meningitis with marked thickening of the membranes, whether syphilitic or simple, would give rise to much the same symptoms as a brain tumor.

In the present case, the symptoms point to a circumscribed meningeal thickening or to a small intra-cranial growth. There is no apparent cause for this. The pain is scarcely as severe as in tumor, and I am inclined to attribute the symptoms to meningitis. There have been no convulsions.

In the way of treatment, I shall order a diet composed largely of skim-milk and of cereals. I shall apply counter-irritation around the base of the brain. For this I should prefer repeated light applications of the actual cautery. Internally I shall order iodide of potassium, to be continued for a long time, with this I shall employ mild mercurial courses, giving the remedy for a month, discontinuing it for a month, and then resuming. This treatment will be kept up for some time.

HOPITAL FRANCAIS A LONDRES.

OBSCURE CASE OF CHRONIC RENAL DISEASE; CASE OF PYÆMIA FOLLOWING REMOVAL OF LIPOMA; CASE OF HÆMATURIA IN A MAN, FOLLOWED BY SUPPURATION.

UNDER DR. VINTRAS.

[Reported by ALFRED S. GUBB, L.R.C.P., M.R.C.S., Resident Medical Officer.]

ISAAC C—, Russian, æt. 24. Cane worker. Has been sixteen months in England. Was quite well until six or seven months ago, since when he has gradually lost his appetite, and ultimately became unable to follow his employment. He has lost flesh a good deal, and suffers from indigestion, with nausea, and frequently vomiting after food. The vomiting, however, does not relieve the nausea. Patient is much emaciated and walks with difficulty, owing to a want of power in the legs. A fortnight ago he noticed for the first time pains in his hands and feet on attempting to work; these pains are absent except on attempting movement, and are not at any time really violent. There is no redness, swelling, or tenderness of the joints complained of, and there is no pains in the shoulders or hips. Patient complains a good deal of insomnia, but says he does not dream and does not suffer from headache.

He has never been ill until now, and never had syphilis. Has always been a sober man; smokes, but not in excess. His father died of heart disease, his mother is still alive; no consumption in family. His tongue is coated with a thin layer of white fur, and is tremulous, and his skin is dry and scaly. Says he had pains in his stomach some days ago, but has none now. Bowels regular. Pulse 80; regular. Heart and lungs normal. No swell-

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ing of ankles nor around the eyes. Complexion pale and sallow. There is a peculiar tremor on extending the arm or leg, increased on voluntary movement; the tremor is coarse, and is not present when in repose. The patellar reflexes are exaggerated, and there is marked ankle clonus. Sensation appears normal. Patient says that he has no visual troubles. On ophthalmoscopic examination the fundus in both eyes is seen to be normal, but patient while being examined had an attack with some loss of consciousness and slight convulsive movements. He readily came round on being shaken and spoken to. The urine is normal in quantity and is pale in color—sp. g. 1015. Soon after admission he had suppression of urine for thirty hours, followed by an abundant emission of pale, limpid urine, in which a minute trace of albumen was present. None was found either before or after this occasion in other specimens of urine. His temperature was normal or slightly sub-normal. Patient gradually became thinner and weaker until he kept altogether in bed. He generally vomited his meals, no matter what was the nature of the food, and this occurred even when the patient was put exclusively on milk. Pre-digestion of his food by means of Fairchild's pancreatic powders seemed to relieve this symptom for a day or two, but it soon returned. The feeling of nausea was so great that the patient could with difficulty be induced to take adequate nourishment, which was now given cold and in small quantities, frequently repeated.

At the end of two months in the hospital, being dissatisfied with the progress of his case, he left, but was readmitted ten days later much the worse to all appearances, and was somewhat feverish, and after lingering on for another month, getting progressively more emaciated from inability to retain any food, but preserving his intelligence unimpaired, he died from sheer exhaustion.

Autopsy.—Rigor mortis well marked. Brain weighed forty-four ounces, and its substance was firm and normal to the naked eye examination. Cord removed; substance firm. Heart eight and one-quarter ounces, normal; valves healthy. Pancreas three and three-quarter ounces, normal. Liver forty-nine and one-quarter ounces, normal appearance on section. Kidneys, *right*, three and one-quarter ounces, small, red, and granular, cortex in diminished capsule adherent; *left*, one and one-half ounce, the latter was contracted into a cyst, the only kidney substance remaining being a piece about the size of a hazel-nut at the lower end; the ureters were markedly dilated and hypertrophied. The walls of the bladder were also hypertrophied. No trace of urethral stricture could be discovered. There was no evidence of disease in the chest or abdomen.

Case of Pyæmia following Removal of Lipoma.—André S—, æt. 70, messenger, attended at the outpatient department of this hospital, with reference to a lump the size of a man's fist, situated on the outer aspect of the upper third of the left thigh, which lump, although not the seat of any pain or morbid feeling of any kind, inconvenienced him on account of the rubbing of the trousers thereon. The patient was apparently a hale and hearty old man, a Russian by birth, sparely built, but in good health. There was no history of any illness or indisposition for years past. The tumor was elastic, did not involve the skin, and was freely movable beneath it and on the subjacent structures. Patient was informed that the growth could be removed if he thought the inconvenience he experienced was such as to render its removal desirable.

Some days later he returned and requested that this should be done, and he was accordingly admitted to a surgical ward for that purpose.

The operation was commenced under antiseptic precautions (chloroform being given as an anæsthetic), and through an incision six inches long the tumor was exposed and carefully dissected away. During the proceedings a hitch occurred in the antiseptic arrangements, owing to a sudden stoppage in the spray apparatus, and some delay occurred before this was remedied. The wound was cleansed, and one or two ligatures having been applied to small vessels, the edges were brought together by means of seven sutures of carbolized catgut, and the usual antiseptic dressing applied. The tumor was an ordinary fatty growth, and was removed without difficulty. The patient was very unwell after the chloroform, and was thirsty and feverish. The next morning his temperature was over 102° Fahr., and his tongue was dry. There was a great tendency to somnolence, and when awake patient expressed great anxiety as to his condition. He was given sulphate of quinia every four hours, and was put on a nourishing, easily assimilable dietary. It became necessary to replace the

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dressing on the second day after the operation, and this was carefully done under antiseptic precautions. The wound looked healthy, and seemed inclined to heal by first intention.

On the third day the patient's temperature was 103° Fahr., at 8 A.M., and his articulation was defective. The thirst and mental anxiety were both more marked, and the tongue was covered with brown fur and was tremulous; sordes on the mouth and lips. Pulse regular, full, and bounding—100. The dressing was removed, and the wound was found partly open, the ligatures having broken away towards the lower end of the wound. It was dry and the edges were everted. An angry red blush surrounded it, and this extended several inches inwards and upwards over the abdomen.

The antiseptic dressing was abandoned, and the wound was powdered freely with oxide of bismuth, and a simple compress and bandage applied. Nothing abnormal could be detected in the heart or lungs, and the patient complained of nothing more than a general feeling of *malaise*. The quinia was increased to five grains every four hours, and the patient was ordered half an ounce of brandy every two hours. A distinct trace of albumen was present in his urine, which was scanty and high-colored. There were profuse sweats at irregular intervals, with slight incoherence in speech, scarcely, however, amounting to delirium. A very nauseous odor emanated from the patient and polluted the ward, which was promptly cleared of all the other patients.

On the fifth day the patient had a severe and prolonged rigor, and his temperature rose to 104° Fahr., and this was followed by a profuse sweat. The wound was now seen to be widely gaping, dry, and with a more marked eversion of the edges. The zone of redness had increased in extent, and patient complained of tenderness and pain over the left iliac fossa, where the skin was reddened and œdematous. The same dressing was applied; slight congestion at the bases of both lungs.

On the seventh day the same state of things existed, the patient's temperature oscillating between 100° and 103° Fahr. The skin over the left iliac fossa had sloughed and left a wound as large as the palm of the hand, scantily moistened by a small quantity of putrid odorous pus. Patient's condition is very low, and it is only with difficulty that he can be induced to reply to questions. He complained, however, of the calf of the right leg, which was red and brawny.

Patient lingered on for three days, and then became quite comatose. He died on the tenth day after the operation.

At the autopsy the right calf and left thigh were found infiltrated with pus on deep incision, as also in the right wrist. The lungs were heavy, and exuded a reddish fluid on being squeezed. The kidneys were found to be extensively degenerated and atrophied, scarcely any cortex remaining, while the capsule was strongly adherent. Numerous small cysts studded the organ.

Case of Hæmaturia in a Man, followed by Suppuration.—Alfred B—, æt. 24, laborer, a thin, but hitherto healthy man, attended a neighboring fair on the 20th of September, and, contrary to his custom, indulged in several glasses of gin and water. He was subsequently carried home by his companions in a state of alcoholic insensibility and put to bed. Early next morning he awoke with an urgent desire to make water, which he found himself quite unable to do. His suffering, however, was such that he sent for me, and I immediately passed a gum elastic catheter, a No. 7, when about a pint of bright-red liquid was evacuated. He was much relieved, but complained of a lancinating pain in the hypogastrium, which was tender on pressure. He had no pain in the back, but was feverish and thirsty. His abdominal muscles were contracted, and his tongue was furred and somewhat dry. I was urgently summoned a few hours later to relieve the same train of symptoms, and drew off about half a pint of the same red liquid. His temperature was now 103.5° Fahr., and his tongue was dry and covered with brown fur; sordes had formed, too, on his teeth. He was ordered turpentine stupes to hypogastrium, demulcent drinks, and a mixture of nitrate of potash and ergot. On drawing off the urine the next morning, the urine was of a natural color, but contained an appreciable quantity of albumen. Later in the day the red color had returned, and, examined microscopically, numerous blood-corpuscles were visible. Its smell was most offensive. His general condition was now very grave, the fever persisted, and he complained of great abdominal tenderness and thirst. Pulse rapid and wiry. Profuse sweating towards evening. No delirium. Pupils dilated and responded to light as usual. This condition improved about

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the fourth day; the fever dropped, and he was able to pass part of his urine unaided, but it was still very dark in color, and, when allowed to stand, formed an abundant red sediment and had an exceedingly offensive odor. The abdominal tenderness, too, diminished, and the appetite returned.

He stated that he had never suffered before from anything of a similar nature, and had always been healthy, but said his father had died a few months since from "inflammation of the kidneys" of short duration, and his brother also suffered "in his water." No history of stricture.

Patient recovered in the course of a few days sufficiently to come down stairs, but his urine always contained a large quantity of greenish-yellow pus, but was not ammoniacal, though very offensive. The red color returned for a couple of days after a single glass of Port wine. His appetite was good, and he had no pain except a slight scalding on and after micturition.

HYSTERO-MANIA; LACERATION OF THE CERVIX.

BY E. P. MURDOCK, A.M., M.D.
Lecturer on Gynæcology.

DELIVERED AT THE HOSPITAL OF THE CHICAGO COLLEGE OF PHYSICIANS AND SURGEONS.

[Reported by W. W.]

GENTLEMEN: Our first patient this afternoon is thirty years old; married; has had one child, or rather a premature labor at about the seventh month; menstruated first at fourteen years, and was in fair health, except that the menstrual flow was scanty and irregular. After marriage the nervous symptoms grew more and more aggravated at each epoch until pregnancy, after which her health became better and remained so until the accident which resulted in the miscarriage. Succeeding her confinement she got up slowly, and seemingly felt quite well for a while, but at the return of menstruation the old symptoms recurred, and have been growing more and more aggravated ever since. As the time approaches for the menstrual flow she becomes irritable, dazed, and absent-minded, and at times consciousness is entirely lost, and she is unable to give any account of herself; the severity of the symptoms being inversely in proportion to the amount of the flow.

Some of the class will remember a patient who was in the clinic last spring with a similar class of symptoms, save that she had never been pregnant. In that case the patient was picked up during one of her paroxysms and convicted of insanity, and actually placed in the asylum, where the nature of the case was recognized, and she was immediately released and sent here. I found a uterus undeveloped, almost infantile, stenosis of the internal os, and general congestion of the pelvic tissues. The cervix was dilated with a tupelo tent, and the insanity disappeared as if by magic. Now, that is just what we propose to do in this case. This patient, however, has been pregnant; still I find a severe stenosis, which, unquestionably, is cicatricial in its nature. In addition, I find an anteflexion due to incomplete involution after confinement. This partial subinvolution is due, in this case, to the injury to the cervix at the time of parturition, and the cicatricial stenosis is due to the same cause. This woman has been living in wedlock eight years since the confinement referred to, and has been barren. Now, if we can stimulate a healthy action in these pelvic organs, relieve the stenosis by proper dilatation, we may increase the menstrual discharge, relieve her sterility, and cure her insanity.

She came into the hospital this morning, and I introduced a tent, after making an incision, to partially enlarge the canal of the cervix, and now I will remove that tent before the class; the patient will be kept in bed a few days, and we will report the progress of the case to you at some clinic in the near future.

Laceration of the Cervix.—This patient is being etherized for the purpose of an operation. She is twenty-six years of age; married; has had three children; the second was a forceps delivery. After that confinement her recovery was very slow, and from that time she dates her ill health. Her appetite is poor, and her bowels constipated; she suffers from vertigo, palpitation of the heart, severe headaches, pain in the back, and extreme languor. Menstruation regular every four weeks, profuse in amount, lasting from seven to thirteen days, with an occasional inter-menstrual hemorrhage. The cervix is deeply lacerated, bilaterally; the surface excoriated, bleeding on touch, and covered with a thick, tenacious muco-purulent discharge. The uterus is large, heavy, and lies low in the pelvis, and a free hemorrhage follows the introduction of the sound.

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The patient being placed in the exaggerated lithotomy position, and the perineum depressed by a Sims speculum, we seize the cervix with vulsellum forceps, and bring it down to the vulva, and now you can easily see the nature and extent of the laceration. I first deepen the laceration by removing the cicatricial tissue in each angle, then pare the surfaces thus, and the two lips fit perfectly together, by means of this rectangular needle, which is threaded after the point has passed through both lips; the needle being quickly withdrawn, and the stitch is planted in this way. I introduce three on each side. I use in this case the No. 3 catgut.

Before tying the sutures I will use a curette on the endometrium, and remove a mass of polypoid excrescences, which have the appearance of profuse watery granulations seen upon the surface of an irritable ulcer. These, no doubt, furnish the cause for the menorrhagia.

The stitches are now securely tied, and the operation is completed. The patient will be kept in bed about seven or eight days, and usually needs but very little attention. The stitches being catgut need cause no anxiety, as they will either be absorbed or come away in the course of one or two weeks.

SURGICAL CLINIC AT JEFFERSON MEDICAL COLLEGE HOSPITAL OF PROFESSOR PANCOAST.

(Report No. 1.)

BY L. HARRISON METTLER, STUDENT.

AT the usual hour to-day for the surgical clinic, Professor William H. Pancoast appeared in the amphitheatre of the hospital to give the first of the lectures of his clinical course, in connection with his Chair as Professor of General, Descriptive, and Surgical Anatomy in the college. He stated that he would give the history of each case, the scientific description, and microscopical examination necessary, the diagnosis, prognosis, and treatment of the same; that he would pay especial attention to the surgical anatomy in every operation, so as to illustrate his didactic lectures upon that subject, and bring before the class the points of anatomy that they were studying, thus proving to them the essential and immediate necessity of a practical knowledge of that branch of the science of medicine; that human anatomy was not a dead science—a mere closet study—but one full of practical and live interest, of everyday application in the practice of the surgeon and the physician; in fine, that the physician or surgeon who was ignorant of human anatomy was not competent to meet the emergencies of his daily professional life. To emphasize this he would, in every proper case, not only call the attention of the class to the anatomical structure operated upon and the relations they bore to other important structures, but would also call upon the members of the class to describe the anatomy of the parts involved in the operation, as well as the relations of the neighboring viscera, arteries, veins, etc.

It must certainly be of great advantage to the students of Jefferson Medical College to have the professors in their surgical clinics illustrate their teachings in this plain and practical manner. His colleagues and himself have thus the opportunity, from the standpoint of their different Chairs, of impressing upon their minds facts of importance in connection with their teachings, and those that they know to be of special practical value in their private practice.

After a few more pleasent words from the Professor by way of introduction, and a respectful and cordial greeting from the class, without loss of time, the first case was introduced.

CASE I.—A child not one year old, yet with a soft fluctuating tumor, about the size of a walnut, over and extending somewhat below the posterior fontanelle. There was no history of a fall upon the back part of the head, or of any other injury thereabouts. The tumor, to the touch, seemed fluctuating, as if there were fluid in it, but its integumentary covering felt somewhat thickened. There was no inflammation of the scalp over the tumor or in the surrounding tissue. The lecturer said that he thought the swelling contained either watery or bloody fluid. Its position so near the posterior fontanelle, might lead one to suspect that it communicated with the cavity of the skull, and that it might be a case of an open posterior fontanelle, with the coverings of the brain protruding to make the wall of the tumor as in a spina bifida.

Attention was called to cases of hydrocephalus, and the lecturer referred to a specimen of hydrocephalic skull that he had shown the

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class in his anatomical lectures, where the watery effusion had pushed out the bones of the skull, making them thin from the pressure, enlarging the fontanelles, and making the cranium appear enormously large in contrast to the face. He pointed out the position of the occipital bone and its method of articulation with the two parietals posteriorly to make the posterior fontanelle, and asked some questions as to its position, impressing upon his hearers what he had previously taught,—that the largest part of the occipital bone was on the inferior surface of the skull, and that it reached forward by its basilar process to articulate with the body of the sphenoid; that in this inferior part was the foramen magnum, through which passed the spinal cord.

To establish the diagnosis, whether the tumor communicated through the posterior fontanelle with the cranial cavity, the Professor took a delicate steel toilet-pin and passed it through the wall of the enlargement; with its point he carefully felt the bone beneath, and demonstrated that there was a bony floor to the tumor in every direction, and that it reached up and overlapped the posterior fontanelle. As the pin was withdrawn a drop of blood followed. The diagnosis was made of a vascular cyst or hæmatoma, probably present at the birth of the child.

With a curved bistoury, the Professor laid open the sac, from which some thick, seemingly clotted blood poured out. He then with forceps and finger pulled out the sac, with its vascular lining, and the blood ceased flowing almost immediately. The child, having been sufficiently etherized, felt no pain. The cavity was then carefully syringed out with the Professor's favorite antiseptic solution of the chloride of zinc, made by dropping some crystals of it into a basin of water until the latter was sufficiently saturated with it to turn blue litmus paper to a slightly red tint. The cavity of the wound was lightly packed with a piece of clean patent lint saturated in the solution, to prevent any oozing of blood. The edges were brought neatly together with some fine black silk sutures, leaving the lower end of it open, through which the end of the lint was seen, for the purpose of drainage and easy removal of the lint afterwards. The Professor spoke of the importance of draining deep wounds properly, and of the value of the black silk sutures that he had introduced into surgery, and which had been quite widely adopted. Pure silk, dyed with iron, which is fixed in the silk, and the silk finished with acetic acid, is much less irritating than the ordinary white silk. A compress soaked in a 1 to 1000 solution of the bichloride of mercury was then bound neatly over the external wound. The lecturer said that he liked the bichloride of mercury antiseptic lotion very much for external dressings, but not so well for the frequent washing out of cavities; for, unless it was exceedingly weak, it was not judicious to wash out cavities freely and often with it. The patient was given the following prescription to quiet irritation and produce sleep:—

℞. Chloral hydrat. . . gr. x.
Potass. brom. . . . gr. xxiv.
Syr. zinziberi . . . ʒj.

M. Sig.—Half to one teaspoonful every hour for three doses, or until sleeping.

Case II.—Boy about sixteen years of age, with a permanent contraction of the muscles of the right forearm, and forced flexion of all the fingers and thumb of the corresponding hand. Upon examining the arm there was found quite a large patch of cicatricial tissue, with the usual puckering, and appearance of such lesions. The history stated that this was the result of a gunshot wound received about two years ago, just above the inner condyle of the right arm, where the cicatrix was now located. Part of the biceps and brachialis anticus muscles had been shot away, and the consequent cicatrix had contracted down and compressed the nerves of the arm. There was great tenderness in the part upon pressure. The Professor diagnosed here implication of the median and ulnar nerves in the cicatrical mass, which was proven by the fact that the fingers could all be gently extended by force, but quickly assumed the flexed position upon letting them go.

At present nothing will be done except rubbing the cicatrix with—

℞. Ung. zinci oxidi,
Ung. aq. rosæ . . . āā ʒss.

Apply over the cicatrix the usual leadwater and laudanum lotion, and placing the forearm on a straight splint, flex it upon the arm with the fingers spread out upon a soft pad. The reason for flexing the forearm in the dressing is, that the more it is extended the tighter will be the flexion of the fingers. The Professor calls attention to the great care that must be taken not

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to injure the nerves in cutting down upon this tissue to set them free. Whether a neuroma has been formed here is questionable, but under all circumstances an operation is necessary, and the nerves must be set free, if possible.

CASE III.—Man; age about 40; complains of constant headache, increased upon any violent motion or jarring. The history stated that, being a bricklayer and climbing a ladder that extended to the second story of a house, he fell and struck the back of his head on the pavement. This happened about seven weeks ago. He was taken insensible to the Pennsylvania Hospital, where he remained five days, after which he got up and at once began going about. The Professor explained that in an injury of this sort there was a disturbance in the relation of the brain fibres produced by the severe concussion, and that rest, prolonged rest, was the first requisite in the immediate treatment of an injury of this kind. There was no internal strabismus or external symptoms of depressed bone, fracture of the skull, or evidence of compression of the brain, but, according to Dr. Tax's examination, there was a change in the optic disc, with marked retinal congestion; vision good, but not so sharp as formerly. The patient was told to stand upon his toes, and then to come down sharply upon the floor with his heels. This sudden jarring caused quick, shooting pains through the head, as well as pain down the back and sides, thus showing that most probably the spinal cord was also involved.

The treatment will consist of rest, with dry cupping up and down the sides of the spine, and after shaving off the hair the application of two wet cups to the head on each side of the middle of the sagittal suture, sufficient to draw two ounces of blood. This will abstract some of the blood from the cerebral membranes, through the parietal foramina. In *post-mortem* examinations, the Professor stated that he had seen the bone filled with blood from the action of cups, thus making it distinctly red in color. In a day or two, if necessary, the patient will again be cupped over each mastoid process, to draw about an ounce of blood from each side, and blisters will be applied to the top of the head and nape of the neck. But rest is the "sheet anchor" of our treatment here, and to assist in obtaining this the patient is to take internally twenty grains of potas. bromide every hour until asleep. The following mild cathartic pill, to regulate the bowels and act derivatively upon the brain, was ordered—

℞. Mass hydrarg. . . . gr. ij.
Ext. colcynth comp. . . gr. iv.
Ext. jalap . . . . gr. ij.
Ol. menth. pip. . . . gtt. ij.

M.—Ft. mas. in pil. divid. No. iv.

Sig.—One aperient pill at bedtime, followed by a saline, if necessary.

CASE IV.—Woman about 45 years of age, a widow with seven children, all healthy, came seeking treatment for a large, mobile swelling just at the umbilicus. She said that it began six years ago, after childbirth, and that she had suffered with more or less general pain all of that time.

Upon palpation the tumor seemed readily to sink back; there was marked crepitation, and the umbilical ring was distinctly felt by the Professor.

Diagnosis was umbilical hernia. Under the Professor's delicate manipulation the hernia was quickly reduced.

The scientific and descriptive name of this form of tumor is an entero-epiplocele, the hernia consisting of intestine and omentum.

After the reduction some oxide of zinc ointment was applied to the surface, and a neat, strong *impromptu* compress was made out of a piece of cork, covered with patent lint, and held in position directly over the umbilicus by adhesive strips. The patient was advised to get a truss, and to wear a broad flannel abdominal bandage, supported by suspenders from the shoulders.

Had the hernia been irreducible or strangulated, the operation would have been performed of cutting directly down upon the mass, incising the umbilical ring, and with strong black silk sutures drawing the ring together again after replacement of the bowel. The sutures would be cut short and left undisturbed, to become encysted or to come away. The external wound would be united by separate interrupted sutures.

The truss and bandage that was proposed, Mr. Snowden, the surgical instrument maker, who was present, very kindly and generously offered to make for the patient. She will be shown at the next clinic with the truss and bandage applied.

CASE V.—Boy about 8 years old, attended by his mother, who is healthy, and with several children all equally hearty except this one.

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In the hypogastric region of the abdomen, at the base of the penis, a red-looking opening existed, through which a catheter could be passed into the bladder. The glans penis and corpus spongiosum were all intact, and the scrotum and testicles normal, but the corpora cavernosa were absent, and the urethra was only indicated by a groove upon the corpus spongiosum leading into the bladder. The prepuce was well marked.

The Professor called the attention of the class to the fact that in a case of true exstrophy of the bladder, the anterior wall of that viscus was entirely wanting, while the posterior wall projected through the opening in the wall of the abdomen; but here, he continued, we have a case of epispadias, with absence of the urethral wall along its upper surface, and the remains of the urethra clearly traceable along the superior border of the undeveloped penis. Dr. Levis, upon examination, remarked, that practically for operation this was a typical case of exstrophy, though the integument over the bladder was perfectly whole. Professor Pancoast demonstrated that the epispadias was here the affection in reality, with a lack of complete development of the penis, but the operation would be similar to one for exstrophy of the bladder.

To alleviate this little patient's condition an operation will be necessary. The main purpose of this will be to cover in the exposed surface by means of flaps of integument dissected from the neighboring abdominal wall and then turned over and united so as to close the opening, in the hope that this integument will take on the character of mucous membrane and protect the anterior wall of the bladder and close the abdominal opening. This operation, together with the Professor's own modification of bringing down and exposing the diminutive penis for the sake of the moral effect upon the patient in after-life, will be performed at some future date.

To day, the preliminary operation, formerly introduced by Dr. Levis, was performed, of making a permanent opening through the base of the bladder into the rectum, through which the urine may flow and be retained by the sphincter ani muscles, though the lecturer said he had in previous operations found it difficult to keep the opening patulous, and to make perfect drainage through it, even with a large hollow tube through it.

The patient being well etherized, a long curved trocar, with the point covered by the end of the canula, was gently introduced into the opening along the false urethra, the point suddenly exposed and the instrument plunged through the anterior wall of the rectum, so that the end of the tube after withdrawal of the point could readily be pushed through the anus. Through this a number of rubber strings were passed, to be tied and left in the canal after the removal of the canula. The parts were dressed in chloride of zinc, to guard against all septic infection. Thus ended the first part of the operation, and the patient was withdrawn.

CASE VI.—Man, about 25, with an old sebaceous tumor on the left cheek, just above lip; he had been operated upon before, but as the entire sac was probably not removed at the time, the tumor still remained red and inflamed. The lecturer said that this case proved the importance of removing the entire sac at an operation.

In lieu of ether, which the man refused to take, three hypodermatic injections of a two per cent. solution of cocaine were made in the neighborhood of the tumor.

Transfixing its base with a large-sized toilet-pin, around which was tied a strong black silk ligature to prevent hemorrhage, the Professor quickly cut it out, removing the entire sac and a portion of the skin, making a clean incision in the line of the wrinkles of the face, and united the lips of the wound with fine black silk sutures, in a manner to prevent drawing the corner of the mouth upwards. Oxide of zinc ointment and chloride of zinc dressings, held in place by adhesive strips, were applied, and the patient dismissed.

CASE VII.—William C—, age 37; married two years; one child, apparently healthy; suffering from an ulcer of five months' duration on the outer side of the left ankle, measuring from two to three inches in diameter. The patient stated that he had had gonorrhœa several times, for which he had been treated. About three years ago he had a hard chancre, with the secondary eruption of syphilis appearing about six months after.

The Professor made the diagnosis of ulcer of syphilitic origin, with syphilitic periostitis.

Under ether the ulcer and surrounding tissues were well tapped with the sharp point of a curved bistoury with the antiphlogistic touch, and the part dressed with carbolized oxide of

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zinc ointment, and kept well moistened with a lotion of leadwater and laudanum. The patient remained in the house, and was placed in bed with the leg elevated. The bowels were regulated, and a specific treatment, with the antiphlogistic tapping when needed, was ordered.

A gumma over the right knee was also tapped subcutaneously with the therapeutic knife.

CASES VIII. and IX.—Two men, one with gonorrhœa, and the other with supposed stricture, but in the latter case the diagnosis was uncertain, on account of the patient refusing to be examined. In the treatment of gonorrhœa, the Professor noted that while strong and irritating injections were very apt to produce stricture, we need anticipate no such result from the use of mild, slightly astringent applications; furthermore, by this means pain upon urination would be greatly alleviated. For this patient the following injection was recommended:—

℞. Zinci sulphatis,
Plumbi acetat. . . āā gr. viij.
Morphinæ sulphatis . . gr. j.
Aq. rosæ . . . . ℥ij.

M. Sig.—Commence with one teaspoonful to seven of water, as injection, three times a day.

A small syringe holding about an ounce, is the proper thing to inject the urethra with. If there is much pain, suppositories containing each about a half a grain of opium might be employed. In this affection the Professor likes and often uses the ready prepared capsules of copaiba, keeping the patient quiet, if possible, using hot baths and water applications around penis, scrotum, and perineum.

CASE X.—German girl, of age about seven. Here we had a case of periostitis of the middle of the right leg, involving all the neighboring soft parts, due probably to a specific cachexia. The history from the father was very obscure.

Upon examination with a probe the bone was found bare, with the periosteum entirely gone.

Under ether the part was thoroughly tapped with the Professor's favorite therapeutic knife and antiphlogistic method, making upwards of seventy-five or one hundred punctures, and letting out freely the dense, black blood.

Oxide of zinc ointment was then applied gently over the surface, and the leg dressed and kept moist under an evaporating lotion of leadwater and laudanum. The child was placed upon a tonic course of treatment and then dismissed.

ORIGINAL COMMUNICATIONS.

ON THE NERVOUS AND MENTAL DETERIORATION PRODUCED BY THE OPIUM HABIT IN THE HIGHER CLASSES.

BY EDWARD C. MANN, M.D., NEW YORK.
Member Medical Society of the County of New York, New York Medico-Legal Society, American Association for the Cure of Inebriates, etc.

IN the neurotic circle of society there is a greatly augmented susceptibility to the action of stimulants and narcotics, and a greatly increased consumption of morphine, and of the great nerve sedative, tobacco. The circle of males and females who exhibit the disease of alcohol and opium inebriety is almost entirely confined to the neurotic circle, and this latter circle is increasing, we think, out of proportion to the increase of population. This is due to the influence of the conditions of modern life upon the nervous system, and through the nervous system upon the nutrition of the tissues. The outer relations of the modern American have become more numerous, complex, and heterogeneous than formerly, and his environments more varied and intricate. We therefore find the greatest amount of opium, chloral, and alcohol inebriety in towns and cities, where nervous diseases most abound, and not in the rural districts. Its growth is encouraged by the excitement of city life, and by the absence of the tranquilizing influences of nature met with in the country. The remote cause is not unfrequently educational pressure, unwisely applied to weakly children, which induces brain fatigue. A proof of this is found in the fact that the preponderance of opium, chloral, and alcohol inebriety is to be found in the refined and cultivated classes. There are vast reserves of hidden and unauthenticated cases of this kind, which reveal great unfathomed depths of nervous and mental unhealthiness in our metropolitan communities. The increase of suicides also points strongly in this direction. The whole order of nervous diseases, not necessarily accompanied by mental disorder, but in many instances tending towards it, are widely prevalent amongst our population. Such diseases are epilepsy, paralysis, locomotor-ataxia, spinal irritation, neuralgia, hysteria, chorea, etc., and of all these diseases I have treated at length in my work on "Mental and Nervous Diseases." A bodily derangement is responsible for every

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mental disorder, and a mental element enters into every bodily disease, and the increase of nervous disorders in this country is most clearly evinced to observant physicians. Mental anxiety and distress, and sudden fear and shock are important exciting causes of many of the modern neuroses. Also the pressure of modern life, keen competition, and the struggle for existence. In place of a well-balanced growth of body and mind we too often meet with headaches, imbecilities, nervousness, or insanity, some of which dates back to the nursery. It is wise for parents to bear in mind that a moral and religious training of their children protects them in great measure against these moral contagia which float about in such varied abundance in the social atmosphere of cities and towns, and which are so inimical to mental health.

The subjective properties of an individual's mind depend upon the objective properties of the matter constituting the mind's food. As there is even in the simplest protoplasmic cell the action of individual parts for the benefit of the whole, so in society there is the action of individuals which is either beneficent or the reverse to the whole corporate body of society. Pure and lofty ideals, vanity and goodness, by use are elaborated and by heritage are perpetuated. Likewise, inharmonious development of brain and mind. As the food of the animal is derived from the medium in which it is living, and as the protoplasmic cell maintains its existence by the passage of material in a state of fluidity through infinitesimal pores or spaces into the cell substance, so in the earliest periods of infancy and childhood is the mind prepared either for strength or weakness in the future.

The nervous and mental deterioration, the result of the opium habit, is on the increase, and is most painful to witness. We often see brilliant men and women undergoing a series of painful mental changes directly due to excessive indulgence in opium or morphia. The ready writer, the bright and witty talker, the man of natural ability, with a powerful memory and a gift of ready application has the higher mental faculties in constant operation. He is swayed by changing emotions, and the influence of opium is to intensify, for the time being, the activity of his naturally unstable intellect. When brought into contact with others who manifest the same intellectual tendencies, he has a natural pride in the superiority which secures for him the admiration of persons whose judgment he values. When exhaustion follows effort, he succeeds in stimulating his weakened powers by the use of opium or morphia. For a considerable time, perhaps, while the digestive system remains in such a healthy state as to insure the supply of proper solid nutriment, this course is pursued with an appearance of success. Soon, however, the urgent symptoms of indulgence in opium begin to manifest themselves. The mind, when unaided by the stimulus of opium, becomes barren and unproductive. The physician cannot make his diagnosis, the lawyer cannot carry on his case, the clergyman cannot write his sermon, and the lady of society cannot entertain until each and every one has had his or her usual allowance of opium, or hypodermic of morphia. The society woman looks haggard, pale, and wan, ceases to converse, seems in distress, and finally slips away just long enough to go to her room and take a hypodermic of morphia, which completely rejuvenates her. Her eyes brighten, her checks regain a beautiful flush, she sparkles with wit, and is the gayest of the gay. In a short time, however, this deceptive health is replaced by pallor, pain, and distress, and a generally miserable condition, which can be relieved only by morphia again. The man who was accustomed to write with speed, telling criticism, and pointed epigrammatic sentences, has a consciousness that his mind has become incapable of sustained effort, and that his writing is dull and insipid—a feeling which contrasts strongly and painfully with his previous cheering sense of power and fitness. Under the influence of his accustomed dose of opium, he finds that for a time, at least, he can command his intellect. But the control is only a temporary one, and is followed by a greater sense of exhaustion than would otherwise have been experienced. Memory—not so much for passing events as for facts, passages, and references which had been readily acquired—begins to become weakened, and the misery resulting from the loss of a reputation for, and consciousness of, intellectual power, supplies a new incentive to excess. *Petit mal*, and attacks of simple vertigo come on, showing that the most highly specialized regions are as yet alone affected. At this stage, no one could be regarded as insane, though as great a change of function has relatively taken place as leads in the minds of the lower classes to the display of delusions, of suspicion, and hallucination of the senses. After this, how-

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ever, if opium indulgence is continued, the ordinary symptoms manifest themselves. Irritability passes into suspicion, voices are heard, illusions experienced, and the mind becoming prone to reverie, finds for itself a new and insane sphere of existence. Intellectual helplessness and physical changes advance: one limb may become weak, one pupil may dilate, and if an excessive or even moderate use of opium is still indulged in, the victim has no other prospect than to end his days in a state of degraded intellectuality and muscular paralysis.

In the opium habit there exists a departure from a healthy structure of the nervous apparatus, and it is this abnormal condition of the centric nervous system set up by the use of opium, demanding the stimulus of opium, that is essentially the disease. The opium habitué is in a state of unrest and pain, and the urgency for relief is so great that the will has not the power to resist.

Opium deranges the action of the heart and capillaries, confuses the brain, and impairs the vital force. In the treatment of the opium habit my plan is as follows: The patient must consent to put himself unreservedly under my control until cured. As he has no will power, he is not allowed to go out for two or three weeks unattended. As I find that most cases are taking daily much more than they really need, I commence treatment by cutting off as much as I think in each individual case the patient will bear, and then reduce from this point a fraction of a grain a day. The nurse is instructed to give one drachm of Warburg's tincture before breakfast each morning. I then administer the combination of bromides mentioned in my paper on "The Therapeutic Use of the Bromides," on page 269 of THE MEDICAL BULLETIN, for November, 1884, commencing with forty grains twice daily, and increasing to one hundred grains twice daily, at 10 A.M. and 4 P.M., freely diluted with water. By this combination of the bromides, as will be seen by a reference to my paper, we do not depress vitality, or produce the injurious results of the bromides as they are commonly administered. When the patients are taking the maximum of the sedative, they are also getting the minimum of morphia. They are then put in hot baths and given sweet spirits of nitre to rapidly eliminate the bromides, and put on a mixture containing tinct. ferri, strychnia, etc., to build up the system, and electricity is also administered. Cocaine, five to ten minims of a four per cent. solution, I use hypodermically to relieve any nervous restlessness a patient now complains of, and also during the reductionary period, and it works like magic, but I would advise physicians never to let patients know what they are giving, as there is, it seems to me, a liability that the patient may conclude to obtain it and use it himself whenever he feels restless and uneasy, and great harm might thus result. It depends entirely upon the individual idiosyncrasies of any patient how rapidly or how slowly we can cure him. The assertions of some men that they can cure a well developed case of opium addiction in two weeks is simply absurd. A somewhat long experience in the treatment of opium addiction enables me to say positively, that unless we keep a patient long enough to perfectly build up his physical, moral, and intellectual health, there will be an inevitable relapse into the old habit the first time that he suffers from physical or mental pain or prostration. It is also useless to try to cure a patient while he is pursuing his accustomed avocations of life. He or she must give themselves up to treatment to the exclusion of all else, or the treatment will result in failure. Even the medical profession do not thoroughly understand this, for it is but a short time since I received a letter from an eminent gentleman, who unfortunately had, as the result of sickness, become addicted to the use of opium, asking me to receive him as a patient, and saying that he wished to devote *a few days* to his cure. I know of no disease more requiring careful and methodical treatment for a sufficient length of time than the opium habit, and there is a certainty of cure if this is done, and not otherwise.

HEALTH RESORTS IN NEW JERSEY.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

[Continued from December number.]

ONE of the most troublesome diseases of our time is remittent fever. As a rule, I believe it is always connected with impaired liver action, and the old-fashioned term of bilious remittent is, to my mind, an appropriate name for the disorder. In many cases some indiscretion in diet is a prime cause for an attack of this fever, and some persons go along year after year without finding out what special mistake they make in eating, or, if they do

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know, they do not appear to care enough for their comfort or health to discontinue that which, though pleasing to the appetite, is injurious to their digestion. The treatment of such cases produces no inconsiderable revenue to the family physician in large districts in the South and West.

The dietetic treatment of remittent fever is important. The food must be nutritious, yet digestible, and here the Tartarian Koumiss made by Mr. McKelway, of this city, fills admirably the indication, it being at once easily digested, gently stimulating from its carbonated character, and owning all the food value of good milk. Singularly those who dislike pure milk can take and relish the koumiss. It is invaluable in gastritis and wasting diseases.

In phthisis, we need something more concentrated in character so far as animal food is concerned, than that usually given, and in my cases I rely upon the Beef Peptonoids of Reed & Carnrick, of New York. The preparation with gluten and digested milk is not only very palatable and invigorating, but it will agree with a stomach which will not tolerate the meat in any other form. I rely now upon this, or their similar peptonoid, with iron and wine in combination, preferably to cod-liver oil. The solid beef peptonoid of these gentlemen's preparation is an admirable addition to beef-tea, rendering it not merely a stimulant, but a true food. It is a waste of time to pour in ordinary beef-tea in such cases. As a breakfast drink, for a long time past, I have directed the chocolate preparation known as "Cocatina," made by Messrs. H. O. Wilbur & Sons, of Philadelphia. Free from all extraneous matter, exquisite in flavor, and acceptable to weak stomachs, this article fills a real want, for neither tea nor coffee are essentially *nourishing*, although gratefully stimulant. If the patient after a while wants a change, then I recommend the "Breakfast Cocoa" made by these gentlemen, which is somewhat stronger, but very readily digested. The great point is to secure *nutrition* with little stomach labor. Medicine is next to useless, in truth it is worse than none at all, if the nutrition is endangered, hence we need less routine dosing with cod-liver oil in its varied forms, and more tact in coaxing the appetite and accelerating the absorption of good blood-making foods. I prefer to rub in cocoa butter (oleum theobroma) over the abdomen, than to risk strong fish oils internally in this climate. You can drive in half or an ounce of Wilbur's cocoa butter by rubbing it well into the skin and applying from five to twenty milliamperes of galvanism (anode over abdomen, cathode on lumbar region, or thigh) for ten minutes thereafter. So much for diet.

Error in diet is not always the main cause of these fevers, and, although it is difficult to define precisely when or how excessive heat, moisture, impure air, or defective drainage are the responsible causative agents, it is certain that climate has an important bearing on the matter, not only in producing remittent, but in modifying that type of fever when acquired. The great defect in the climate of Philadelphia, for instance, and its immediate vicinity, is the abrupt and extreme variations of temperature and barometric pressure, hence, any place in which the weather is not extremely cold nor unduly hot, and in which a gradual difference in these respects obtains, is desirable as a residence for those liable to paludal fevers, and such is the territory under discussion. The table appended is official, and certainly shows a favorable condition of affairs.

Months.	Barometer.	Temperature.			Relative Humidity.	Rain-Inches, etc.	Rainy Days.
	Mean.	Max.	Min.	Mean.			
July.....	29.801	95	66	78.82	82	7.12	12
August....	29.832	92	63	75.26	80	2.05	5
September.	29.968	82	42	66.25	77	5.99	6
October...	29.909	72	39	56.34	84	5.83	11
November.	29.933	68	20	45.58	83	5.12	11
December.	30.058	61	19	39.10	85	1.88	4
January...	29.918	53	7	32.79	86	4.50	13
February..	29.810	67	12	36.53	85	1.73	6
March.....	29.831	68	19	45.80	87	3.89	9
April.....	29.638	85	33	56.12	87	2.36	9
May.....	29.731	86	43	62.09	84	4.15	8
June.....	29.742	92½	48	68.77	85	5.36	8
Sums....	.....	.....	.....	.....	.....	49.98	102
Means...	29.847	76.79	34.25	55.28	83	4.16	8.5

In a few hours after a rainstorm, no matter how heavy, the soil, from its porosity, is dry, and this is important. The rainfall is also less in the belt named than farther south.

Hammonton has been built by people who came there originally in search of a health resort. Asthma, and diseases of the kidneys and bladder are of rare occurrence, unless in persons seeking relief through climatic advantages. In fact, asthenic diseases generally do well here.

The climatic condition is concisely summed up by the annexed remarks of Professor John

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C. Smock, who says, "The annual mean temperature of the southern end of the State is between fifty-three and fifty-four degrees.

"The isothermal lines include the northern parts of Virginia, Kentucky, Missouri, and the southern portions of Pennsylvania, Ohio, Indiana, and Illinois, showing that the average temperature of the year is higher in South Jersey than in the corresponding latitude of the Middle and Western States.

"For the summer months the mean temperature of that part of the State south of Philadelphia is seventy-three to seventy-four degrees, and is isothermal in the Western States with Cincinnati, Springfield, and Rock Island.

"For the winter months the mean temperature of South Jersey is between thirty-two and thirty-four degrees, the isothermal line of which degrees tends slightly south of west in crossing Maryland, Virginia, and so on near the line of the Ohio River to St. Louis.

"The modifying influence of the ocean raises the mean temperature of the winter and lowers that of the summer, so that while the isothermal lines for the year run westward from New Jersey nearly parallel to the corresponding lines of latitude, those of the warm months curve northward after crossing the Appalachian ridges, and those of the winter are slightly deflected toward the south."

In confirmation of these remarks upon temperature, the flora of South Jersey is found to be essentially different from that of adjacent States, and is similar to that of Virginia and the Carolinas.

Space will not admit extended consideration of other advantages of a trip to the "pines" of New Jersey, but we trust that in calling attention to the matter some interest may be aroused in physicians seeking a near at hand health resort for their patients, particularly from Philadelphia, and any who try the "camp cure" in summer, or a winter's stay in one of the villages named, will assuredly not regret the experiment.

OLEATE OF COCAINE.—Dr. Samuel Logan (New Orleans Medical and Surgical Journal) states that the suffering due to painful defecation, whether caused by hemorrhoids, fissure of the sphincter ani, or irritability of the rectum, can be immediately relieved by the application of a few drops of a solution of the oleate of cocaine to the affected part.

THERAPEUTIC NOTES.

LACERATED WOUNDS.

Dr. M. S. French recommends the following dressing for lacerated wounds—

℞. Iodoformi . . . . gr. ij.
Acidi carbolici . . . ♏ij.
Ung. zinci oxidi . . . ʒiv.
M. Ft. unguentum.
Sig.—Apply externally.

TYPHOID FEVER.

Dr. John C. Pearson (Lancet) is convinced that many cases of typhoid fever can be lessened in severity and duration by the early and persistent administration of the solution of chlorinated soda. He generally orders—

℞. Sodæ chloratæ . . . ʒiss.
Aqua . . . . . ʒvj.
M. Sig.—Tablespoonful every three hours.

PRURITIS.

Dr. R. G. Gouch (Virginia Medical Monthly) recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces whether the skin is broken or not—

℞. Sodæ biborat. . . . ʒj.
Acid carbol. . . . gtt. xv.
Glycerin . . . . ʒj.
M. Sig.—Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.

IRRITABILITY OF THE BLADDER.

Dr. A. F. Erich (Philadelphia Medical Times) states that irritability of the bladder, accompanied by alkaline urine, can be immediately relieved by—

℞. Acidi benzoici . . . ʒj.
Sodii biboratis . . . ʒiss.
Aqua . . . . . ʒvj.
M. Sig.—Tablespoonful every three hours.

MENORRHAGIA.

℞. Ext. belladonnæ fl. . . ♏x.
Ext ergotæ fl. . . . ʒj.
Ext. cimicifugæ fl. . . . ʒj.
M. Sig.—Thirty drops in water every two hours.

TONSILLITIS.

℞. Tinct. aconiti rad. . . ♏xxiv.
Vini colchici rad. . . ʒiv.
Tinct. guiaci ammoniat. . ʒj.
Syr. zingiberi . . . ʒiss.
M. Sig.—Dessertspoonful in water every two hours.

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CHRONIC CONSTIPATION.

℞. Sodii sulphatis . . . ʒij.
Sodii phosphatis . . . ʒiss.
Sodii chloridi . . . . ʒss.
M. Sig.—One teaspoonful in a cup of water before breakfast.

ORCHITIS.

℞. Morphia sulphatis . . gr. j.
Atropia sulphatis . . gr. $\frac{1}{30}$.
Tinct. pulsatillæ . . . ♏xx.
Ext. phytolacca fl. . . ʒvj.
Syr. auranti . . . ʒiiss.
M. Sig.—Two teaspoonfuls every three hours.

SYPHILIS.

℞. Hydrarg. bichlor. . . gr. ij.
Tinct. belladonnæ . . ʒj.
Tinct. capsici . . . ♏xvj.
Tinct. cinchonæ comp. . ʒiij.
M. Sig.—One teaspoonful before meals and at bedtime.

PHARYNGITIS.

℞. Cocaine hydrochlor. . . gr. ij.
Acidi carbolici . . . gr. j.
Glycerinæ . . . . ʒiij.
Aqua . . . . . ʒij.
M. Sig.—Apply locally three times daily.

RINGWORM.

℞. Hydrarg. bichlor. . . gr. ij.
Naphthol . . . . gr. x.
Ung. zinci oxidi benz. . . ʒj.
M. Ft. Unguentum.
Sig.—Use externally twice a day.

ATONIC DYSPEPSIA.

℞. Tinct. stramonii . . . ♏xvj.
Tinct. hydrastis . . . ʒiss.
Ext. serpentaria fl. . . ʒj.
Ext. taraxaci fl. . . . ʒij.
M. Sig.—One teaspoonful half an hour before meals.

CHRONIC ECZEMA.

℞. Plumbi carb. . . . . ʒj.
Bismuthi subcarb. . . . ʒiss.
Hydrarg. chlor. mite . . ʒss.
Ung. zinci oxidi benz. . . ʒij.
M. Ft. Unguentum.
Sig.—Apply externally every night and morning.

INFANTILE COLIC.

℞. Spts. chloroformi . . ♏xvj.
Tinct. cardamomi . . ʒij.
Tinct. rhei . . . . ʒiv.
Syrupi . . . . . ʒvi.
Aqua menth. pip. . . . ʒss.
M. Sig.—One teaspoonful every three or four hours.

INFANTILE TETANUS.

Dr. Henry Davy (Medical Press) reports a case of this usually fatal disease, in which complete recovery ensued after fourteen days' administration of the following combination—

℞. Chloral hydrat. . . . gr. xvj.
Potassii bromidi . . gr. xvj.
Ext. ergotæ fl. . . . ♏xlviij.
Glycerini . . . . ʒiij.
Aqua . . q. s. ad. ʒiv.
M. Sig.—One teaspoonful every three hours.

MUMPS.

℞. Tinct. veratri viridi . . ʒss.
Spts. ætheris nitrosi . . ʒiss.
Liq. ammonii acetatis . . ʒiss.
M. Sig.—Two teaspoonfuls every four hours.

CROUP.

℞. Tinct. veratri viridi . . ♏x.
Syrupi ipecac. . . . ʒj.
Spts. ætheris nitrosi . . ʒiij.
Syr. limonis . . . . ʒvj..
M. Sig.—One teaspoonful every half hour.

POST-NASAL CATARRH.

℞. Acidi carbolici . . . gr. ij.
Quinia sulphatis . . . ʒss.
Acidi hydrochlorici dilut. . ʒj.
Tinct. belladonnæ . . ʒj.
Syrupi glycyrrhiza . . ʒij.
M. Sig.—One teaspoonful three times a day.

AMENORRHŒA.

Professor Bartholow speaks favorably of the following combination in the amenorrhœa of chlorosis—

℞. Tinct. sanguinariæ . . . ʒij.
Tinct. nucis vomicæ . . ʒij.
Tinct. aloes . . . . ʒss.
M. Sig.—Twenty drops in water three times a day.

CHRONIC BRONCHITIS.

Dr. N. J. Scott (Cleveland Med. Gazette) recommends—

℞. Syr. pruni virginianæ . . ʒiijss.
Tinct. opii deod. . . . ʒij.
Tinct. digitalis . . . ʒij.
M. Sig.—Teaspoonful three or four times a day.

Also—

℞. Cinchonidinæ sulph. . . ʒij.
Aquæ destillatæ . . . ʒj.
Acidi sulph. arom. . . . ʒij.
Syr. aurantii . . . . ʒij.
M. Sig.—Teaspoonful four times a day, in water.

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CHRONIC MALARIA.

℞. Tinct. capsici . . . ♏xx.
Ammonii iodidi . . . ʒj.
Liq. potassii arsenitis . . ʒiss.
Tinct. bardonis seminis . ʒij.
M. Sig.—One teaspoonful in water after meals.

BILIOUS HEADACHE.

℞. Resinæ podyphyllin . . gr. j.
Ext. colocynthi comp. . gr. vj.
Eunonynim . . . gr. viij.
M. Ft. Pilulæ No. iv.
Sig.—One pill every three hours.

CHRONIC CYSTITIS.

℞. Sodii bicarb. . . . . ʒj.
Tinct. opii camph. . . . ʒvj.
Ext. stigmata maidis fl. . . ʒij.
M. Sig.—Dessertspoonful every four hours.

CEREBRAL CONGESTION.

℞. Tinct. verat. viridi . . ♏xij.
Tinct nucis vomicæ . . ʒss.
Ext. ergotæ fl. . . . ʒiv.
Ext. xanthoxyli fl. . . ʒj.
M. Sig.—One teaspoonful in water every two hours.

MENINGITIS.

℞. Tinct. aconiti rad. . . ♏xx.
Ext. gelsemii fl. . . . ♏xij.
Ext. ergotæ fl. . . . ʒiv.
Tinct. opii camph. . . ʒj.
M. Sig.—One teaspoonful every two hours.

PNEUMONIA.

℞. Morphia sulphatis . . gr. j.
Vini ipecac. . . . . ʒj.
Vini antimonii . . . ʒij.
Spts ætheris nitrosi . . ʒj.
M. Sig.—One teaspoonful every two hours.

Also—

℞. Quinia sulphatis . . . gr. xl.
Acidi hydrochlorici dilut. . ♏xl.
Ext. ergotæ fl. . . . ʒiij.
Syr. glycyrrhiza . . . ʒss.
Aqua . . . . . ʒj.
M. Sig.—Two teaspoonfuls every three hours.

PLEURISY.

Dr. Sollace Mitchell (Therapeutic Gazette) says the Bellevue Hospital treatment of acute pleurisy is as follows: Opium is given, either in the form of Dover's powder or Magendie's solution, to lessen the pain and nervous irritability and check the determination of blood to the inflamed pleura. Tincture of aconite is administered in ♏ss doses every fifteen minutes for two hours, and then in minim doses every two hours, until a decided impression is produced upon the circulation. The bowels are opened by a saline purgative, and a mustard poultice applied to the chest. During the first twenty-four hours, the patient is also given ten grains of quinine every six hours. If the disease now passes into the stage of effusion, the patient is put upon a diuretic, consisting of—

℞. Sacch. alb.
Potass. bitart. . . āā ʒi.
Aquæ . . . . . Oj.
M. Sig.—ʒj ad. lib.

The saline cathartics are kept up, and a local application of some form of iodine is made. Another local form of application, which is a favorite in some of the divisions of the hospital, is to cover the affected chest-wall with punctate cauterizations by means of a Paquelin's cautery, applications being renewed every other day.

Tonics are given and continued on into the third stage, the formula usually prescribed being—

℞. Strychninæ sulph. . . gr. j.
Liq. potass. arsenitis . . ʒij.
Cit. ferri et quininæ . . ʒiv.
Glycerinæ,
Aq. cinnamomi. āā q. s. ad. ʒviij.
M. Sig.—One drachm after meals, and with this is often given whiskey one ounce t. i. d.

The cough which so often attends pleurisy is allayed with—

℞. Morph. sulph.
Potass. cyanid. . . āā gr. ij.
Syr. tolutan.,
Syr. pruni virg. . . āā q. s. ad. ʒij.
M. Sig.—One drachm p. r. n.

Blisters are rarely applied to the chest, as they cause the patient considerable inconvenience, and interfere with the physical examination of the chest from day to day.

Paracentesis is performed in the sixth interspace, mid-axillary line, if the effusion is so great as to cause much dyspnœa; the fluid is withdrawn slowly, stopping at the moment the patient begins to cough or feel other unpleasant symptoms. The effusion, they believe, is never changed to a purulent one by mere tapping; but this is either due to unclean instruments, or the fluid was destined from the start to become purulent.

In the chronic form of this disease the patient is put upon tonic treatment, diuretics, and mild cathartics. Counter-irritation is kept up.

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One of the most effective, and at the same time least objectionable methods to the patient, is the use of what is known in this hospital as Corson's paint, the formula for which is—

℞. Ol. tiglii . . . . . ʒij.
Ætheris . . . . . ʒiv.
Tinct. iodinii comp. q. s. ad ℥ij

M. Sig.—Paint with camel's-hair brush every morning.

This produces a beautiful crop of pin-head blisters, with very little annoyance to the patient. Aspiration is resorted to when the fluid does not become absorbed. At first a few drachms are removed by means of a hypodermic syringe, the idea of this being, that if nature is assisted in the elimination of the fluid even to this small degree, afterwards absorption goes on rapidly. Theoretical as it seems, the practice of this simple procedure often brings about a successful issue, and further aspiration is not called for. Still, cases do occur where more radical methods must be employed, and then paracentesis is performed. Resection is rarely practised, and is confined to one or two divisions of the hospital; the other divisions treating the cases of empyema by means of free incisions and two rubber drainage-tubes, after first giving simple aspiration a fair trial.

Where drainage tubes are used, the pleural cavity is washed out daily with either a 1 to 5000 solution of bichloride of mercury, or with Thiersch's solution, which is—

℞. Acidi boracici . . . ℥ss.
Acidi salicylici . . . ʒss.
Aquæ . . . . . Oij.

This solution is preferable, as not the slightest harm can ever come from its use, no matter how much may be retained. Tonics and fresh air form an essential part of the treatment. For the night-sweats which so often occur, the following is given :—

℞. Atropinæ sulph. . . gr. $\frac{1}{120}$.
Acidi sulphurici aromat. . ♏x.
Aquæ . . q. s. ad ʒj.

M. Sig.—One drachm at bed-time, and repeated, if necessary.

ASCITES.

℞. Potassii bitart. . . . ʒiiss.
Tinct. digitalis . . . ʒj.
Spts. ætheris nitrosi . . ℥j.
Infusi buchu . . . ℥iv.

M. Sig.—Tablespoonful in water every four hours.

SCROFULA.

℞. Liq. potassii arsenitis . . ʒj.
Potassii chloratis . . . ʒij.
Aqua . . . . . ℥vj.

M. Sig.—Two teaspoonfuls in water after meals.

THRUSH.

℞. Sodii bicarb. . . . . ʒij.
Sodii chloridi . . . . ʒij.
Aqua . . . . . ℥iij.

M. Sig.—Rub well into the affected surface three times daily.

DYSMENORRHŒA.

℞. Tinct. belladonnæ . . . ʒss.
Spts. camphoræ . . . ʒij.
Tinct. polygon hydropiper . ℥ss.

M. Sig.—Thirty drops every three hours.

A PLEASANT QUININE MIXTURE.

The Canada Lancet says that a most pleasant and palatable disguise for quinine may be extemporized as follows :—

℞. Quiniæ sulph. . . . gr. xij.
Acidi tannici . . . gr. xx.
Tinct. opii camph. . . ℥ss.
Tinct. cinchonæ . . ℥ss.
Spts. lavand. comp. . . ʒiij.
Syrup simp. ad . . . ℥iv.

M.—Shake well before using. The dose will be usually one teaspoonful three times a day, but the amount of quinia desired to be administered should govern the size of the dose.

ACUTE BRONCHITIS.

℞. Tinct. bryonia alba . . ♏xxiv.
Ext. grindeliæ fl. . . ʒj.
Ext. yerbæ santæ . . ℥ss.
Syr. tolu . . . . ℥iss.

M. Sig.—One teaspoonful every two hours.

OVARIAN IRRITATION.

℞. Tinct. digitalis . . . ʒj.
Sodii bromidi . . . . ʒj.
Ext. salix nigra fl. . . . ℥iss.

M. Sig.—One teaspoonful three times a day.

APOMORPHINE IN CROUP AND BRONCHITIS.—Dr. Stutz, of Neuminster, is loud in his praises of apomorphine, subcutaneously injected, in diphtheria complicated with croup, and in primary croup itself. Of ten of these latter cases he lost only one, and this he attributes to his not having been called in quickly enough. Similar treatment is also very valuable in dyspnœa due to bronchitis. He has also been successful in cases of arsenical poisoning in children; and in one where a woman had such severe pharyngitis that she was quite unable either to swallow or speak. An apomorphine injection quickly emptied the stomach of pus and mucus, and enabled her both to speak and swallow.—*Brit. Med. Jour.*

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Jan. 1886.

A PACKED SOCIETY MEETING AND THE AMERICAN MEDICAL ASSOCIATION.

THE first secret move of those inimical to the International Medical Congress by which it was intended to capture the American Medical Association at its next meeting in St. Louis, and then reinstate themselves and the old ticket, has just been laid bare. At a secret meeting of the bolters in the East, it was decided to obtain control, at all hazards, fair or otherwise, of the Philadelphia County Medical Society. It was found, upon consultation, that among the large membership of this society the support given to the American Medical Association was too strong to allow a full and free public opinion. It would have buried the disaffected by the unqualified approval of the action of the association. This had to be avoided by selecting a favorable and unexpected occasion to pack the society and secure their ends.

Confidential letters were sent out, outlining their policy, to those upon whom they could depend, and asking their presence to carry out their project. The following is a sample which fell into the hands of the editor of THE BULLETIN the night before the meeting:—

1118 ARCH STREET,
Dec. 31, 1885.

DEAR DOCTOR: At the County Society meeting on Wednesday next, at 4 P. M., there will be introduced by Dr. Agnew a resolution regretting the trouble concerning the International Medical Congress, and instructing the delegates to the next meeting of the American Medical Association to work for the unity and harmony of the profession. There will also be nominated a new list of delegates for the association and State Medical Society, because it is believed that many put on the list previously nominated do not go with the best interests of the profession. Will you not be present at the meeting and vote for the resolution of instruction and the new delegates?

Yours truly,

JOHN B. ROBERTS.

By personal solicitation, secret letters, stating the object as outlined above, and by means of a ticket quietly circulated, calling only on certain members to be on hand, the Philadelphia County Medical Society was captured by the disaffected on January 6th. Since that time the apparent victory and so-called public opinion of the profession of Philadelphia have been heralded, mainly through the newspapers, all over the country. The leaders in this movement were doubtless ignorant of the presence of some wary newspaper reporters, but those upon whom the packing depended made certain of having them there to sound the cymbals, beat the drums, and make all possible noise to herald broadcast the perverted action of the society.

One hundred and fifty, including the men who voted for themselves—the disaffected ones—were all who could thus be secretly summoned or dragged to this meeting, in a society of almost five hundred members. Is this public opinion? Is this the support of their action by the society and profession of Philadelphia? The answer is, emphatically, No! They would, if they could, have had every man present to vote with them. Almost three hundred do not agree with their action, or they would have been present to give the bolters their support.

Several ex-Presidents and other members called attention to the fact that the method of procedure pursued was contrary to the By-Laws of the society. One prominent ex-President read the following passage from them, governing the meeting and the election of officers and delegates. Page 8, article 5, section 2, says:—

"*Nominations for officers and delegates shall be made at the stated meeting in October, and no member shall be put in nomination who is in arrears for the annual contribution of the current year.*"

And on page 19, article 12, section 4, the By-Laws say: "*At the stated meeting in October*

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the Nominating Committee shall present a ticket of candidates for election to the different delegations of the society."

It was shown that the society passed upon their officers and delegates in October, and only one list according to these By-Laws could be before the society. Several members, who endeavored to speak for the right, were, we are sorry to say, hooted from the floor. Another prominent member arose and pointed out that upon the irregular ticket were two physicians who were not even members of the society, and four who were in arrears for their annual dues. But all to no effect. His voice was drowned in the clamor. The ticket was rushed through and the laws of the society violated, notwithstanding the protest of many members. The bolters are consequently happy; the Philadelphia County Medical Society has been captured, the law transgressed, and the public opinion of the profession of Philadelphia stifled. The medical societies throughout the country are now supposed, according to the previous orders issued by the chief bolters, to fall in with the so-called public opinion in Philadelphia, and do likewise. On to St. Louis is now the battle-cry, pack that meeting as well, and capture the organization of the International Medical Congress!

How about the remaining support of the American Medical Association who unconsciously remained at home, not knowing of this packing of the society? Are they to be swallowed up by the mighty few?

Will the West and South permit the few Philadelphians to pursue the same course at the St. Louis meeting? Time alone will tell who are the wisest and the strongest. The practitioners at least will have some say at the coming meeting.

THE DISAFFECTED MEDICAL SLATE.

A MEMBER of our County Society says this packed meeting of the Philadelphia County Medical Society means *the secret selection of delegates who will back the Original Committee of Eight—the disaffected—and the election of one of their own choosing President of the Medical Society of the State of Pennsylvania.* The West and South are thus notified by a few Philadelphians that the bolters have made this city the fighting ground. *The Philadelphians have now the slate prepared, both for the American and State Medical Societies.* Be not too certain, however, that the other sections of the country are going to allow a few Philadelphians to legislate for them so far in advance!

NUX VOMICA IN OPIUM POISONING.

BELLADONNA has heretofore been regarded as the most reliable antidote in all cases of opium poisoning, but the danger of increasing the coma, or of substituting belladonna narcosis for opium narcosis is so great, that many physicians have abandoned its use in such cases, and rely entirely upon emetics, faradization, and caffeine. These three agents are undoubtedly of great value, but it is an error to rely upon them alone. Belladonna, or its alkaloid, atropia, should be administered in sufficient quantity to maintain the circulation and respiration at or near the normal rate. As Bartholow has pointed out, if the proper function of the heart and lungs can be maintained the condition of unconsciousness is of minor significance, and will pass away in a few hours. It must be admitted, however, that belladonna is synergistic to opium in some respects, and therefore it is not a complete antidote. Can a better one be found?

Dr. A. C. Davidson, of Sharon, Ga., in the Atlanta Medical and Surgical Journal, December, 1885, answers the question in the affirmative, and is entitled to the honor of directing the attention of the profession to the value of nux vomica as a typical physiological antidote to the various preparations of opium.

Dr. Davidson truly says that opium, in poisonous quantities, is sedative, narcotic, anæsthetic, and myo-paralytic; produces giddiness, stupor, insensibility, and paralysis. The appearance of the whole body and the expression of the countenance is that of complete relaxation—painless, deep, and perfect repose.

Nux vomica, on the contrary, is a powerful excitant of the cerebro-spinal system; and in poisonous doses produces great agitation and anxiety; first, epileptiform, and finally tetanic convulsions.

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Instead of the complete relaxation of the whole voluntary muscular system, the painless, deep, and perfect repose so characteristic of extreme opium narcosis, we witness great agitation and anxiety and the most violent contortions of all the voluntary muscles.

Now, if pain is the natural physiological antagonist of ease; agitation and restlessness, that of repose; immobility, that of relaxation; spasm that of paralysis; hyperæsthesia, that of insensibility, is not nux vomica the natural physiological antagonist of opium?

Dr. Davidson then narrates two cases of profound opium poisoning, in each of which he used heroic doses of nux vomica hypodermatically with the best results.

In one case, that of a child three years old, who had been given two grains of morphia by mistake, there was no perceptible respiration; no pulse, radial, temporal, carotid, or cardiac could be at all detected. Indeed, it looked as if the little patient had breathed her last.

Without hesitating a moment, the Doctor mixed ten grains of the solid extract of nux vomica in three or four teaspoonfuls of home-made peach brandy, and proceeded at once to inject the whole of it beneath the skin of the arms and thighs. A few moments only were necessary for this procedure.

In about a minute after the last injection was made the face became suddenly very red, and in an instant thereafter the child was seized with a severe tetanic convulsion. This convulsion seemed to last several minutes, during which time she writhed fearfully, having her head drawn forward and downward. She then fell back upon the pillow and remained quite motionless—the whole system was now completely relaxed, except that respiration and pulse-beat were nearly normal—for several minutes, when she sat upright upon the bed and asked for water. After drinking freely she remained sitting up, and conversed intelligently, but in rather an excited and rapid manner, the remainder of the afternoon.

With the exception of a slight fever for a day or two, and several inconsiderable abscesses at points of puncture, she passed on to a rapid and complete recovery.

The second case was still more unpromising. The patient was in a state of profound coma, but after nearly half an ounce of the tincture of nux vomica had been injected hypodermatically, in divided doses, she was thrown into a convulsion. This was followed by six more severe convulsions, after which she regained consciousness and made a good recovery.

Dr. Davidson's doses may appear hazardous, but his method is based upon correct physiological and therapeutical principles. It has evidently been very successful in his hands, and merits the most careful attention of the medical profession.

OLEUM TEREBINTHINÆ.

OIL OF TURPENTINE is one of the most valuable remedies in the materia medica. It diffuses into the blood with great rapidity, and can be detected in the breath, perspiration, and urine in a few minutes after its administration. In small doses it contracts the arterioles, increases the number and force of the cardiac movements, and exercises a stimulating influence upon the entire nervous system. It also possesses valuable antiseptic and anthelmintic properties. It is invaluable as a hemostatic in all forms of hemorrhage, especially those of a passive type. Hæmoptysis, hæmatamesis, hæmaturia, epistaxis, and menorrhagia are all promptly relieved by its use. It is equally efficient in purpura, hæmatidrosis, and hæmophilia. It is also effective as an external application to bleeding surfaces.

It is one of the best remedies for flatulent dyspepsia, flatulent colic, and chronic intestinal catarrh. Its power to prevent the formation or dispel the accumulation of gas in the intestines, is probably due to its antiseptic or antifermentative properties. It is universally recognized as the remedy for the tympanites of typhoid fever. It is of even more value, however, in this disease as a general cardiac and nervous stimulant. It is far superior to alcohol for this purpose, and should be more generally used. It is equally indispensable in typhus fever, typhoid pneumonia, typhoid fever, and all inflammatory affections of the asthenic type. It has been used with gratifying success in the treatment of yellow fever, and in the algid stage of cholera. It is one of the most reliable remedies

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for diphtheria and scarlatina anginosa. It is also of value in phlegmonous erysipelas, and the various inflammatory affections of the puerperal state. It is almost a specific for epidemic dysentery. In chronic rheumatism and sciatica it is also effective.

Chronic bronchitis and bronchorrhœa are remarkably benefited by either the inhalation or internal administration of oil of turpentine. Turpentine is also an efficient remedy for chronic cystitis, gleet, and leucorrhœa. It is invaluable in the treatment of spermatorrhœa, amenorrhœa, and functional impotence. It is the antidote *par excellence* in all cases of phosphorus poisoning. The administration of oil of turpentine in half-drachm doses twice a day, is the most certain method of expelling and preventing the return of ascarides lumbricoides and oxyuria vermiculares. It is an equally effective tænicide, if given in combination with castor oil, one ounce of each at a dose. No remedy is so prompt and effective in hysteria and catalepsy as the administration of a turpentine enemata. According to Bartholow, oil of turpentine is the most efficient application for hospital gangrene. It is also serviceable as a stimulant dressing for chronic ulcers, and as a revulsive application in laryngitis, bronchitis, peritonitis, pneumonitis, pleuritis, and other internal inflammations. It is an excellent counter-irritant in pleurodynia, lumbago, and chronic synovitis. It is also of value in the treatment of chilblains, frost-bite, and severe burns, and has been recommended as an application to the surface of boils and carbuncles. As oil of turpentine is a powerful antiseptic, it can be substituted for carbolic acid, with advantage, as a medium for disinfecting the hands and paraphernalia of the surgeon and gynæcologist.

A WORTHLESS REMEDY.

A FEW years ago an enthusiastic physician proclaimed that the long-sought-for specific for biliary calculi had been found at last in olive oil. All that was necessary was to administer a sufficient quantity of olive oil and hundreds of calculi would appear the following morning in the dejections. It was also noted that the number of calculi was in direct proportion to the amount of oil swallowed by the patient, the larger the dose the greater the number. One case was reported in which two hundred calculi, varying in size from a pea to a walnut, were expelled by a pint of olive oil. This case, however, burst the bubble. A reflecting physician, who saw that no ordinary gall-bladder could possibly contain one-fourth of these so-called calculi, submitted them to a careful investigation, and found that they were nothing more than concretions of the oil that had been administered.

Olive oil as a specific for biliary calculi then disappeared ftom view, but it has been brought forward again by a writer in the New Orleans Medical and Surgical Journal, who lays down the maxim that "after pain is relieved olive oil should be used in pint doses to expel the stones." As illustrative of its value in such cases, he narrates an instance in which "a diagnosis of biliary calculi was made, and under the use of olive oil abundant stones were passed." It would only be a waste of time to discuss the matter further. Suffice it to say that olive oil does not possess the slightest power to either soften or procure the expulsion of true biliary calculi, and that its use, as well as that of all other oils and fats, is positively injurious in such cases, and should be absolutely prohibited.

MEDICAL NEWS AND MISCELLANY.

DR. W. H. PARISH has removed to 1435 Spruce Street.

DR. JOHN H. PACKARD has removed to 1437 Spruce Street.

DR. JOSEPH MARTIN has removed to 2009 Columbia Avenue.

DR. GEORGE D. FITCH has removed to 618 North Fortieth Street.

DR. R. B. CRUICE has removed to 114 North Eighteenth Street.

DR. A. VAN HARLINGEN has removed to 118 South Seventeenth Street.

DR. T. H. BRADFORD has removed to 125 South Eighteenth Street.

DR. ALFRED T. LIVINGSTON has removed to 634 North Sixteenth Street.

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DR. GEORGE HAMILTON, one of the oldest physicians of Philadelphia, died on November 30th.

DR. THOMAS ADDIS EMMET has been elected an honorary Fellow of the Academy of Medicine, in Ireland.

DR. CHARLES WIRGMAN has been appointed one of the visiting physicians to the Jefferson Medical College Hospital.

DR. CHARLES E. CALDWELL has been elected Lecturer on Pathology in the Cincinnati College of Medicine and Surgery.

DR. ROYAL W. AMIDON, of New York, was married on November 21st to Miss Emma D. F. Field, of Easton, Pa.

DR. VAN S. LINDSLEY, Professor of Ophthalmology and Otology in the University of Nashville, died on November 15th.

DR. FERDINAND H. GROSS, of Philadelphia, was married on November 26th to Miss Frances A. Williams, of Boston, Mass.

DR. R. L. P. BROWN, of Buckhannon, W. Va., was married on November 4th, to Miss Margaret N. Woods, of Philippi, W. Va.

DR. SAMUEL G. ARMOR, Dean of the Long Island Hospital Medical College, died at his home in Brooklyn, on October 27th.

DR. ALBERT H. SMITH, ex-President of the Philadelphia County Medical Society, died on December 14th, at his home in Philadelphia.

DR. WILLIAM B. ATKINSON has been appointed Special Inspector of the Southeastern District of Pennsylvania, by the State Board of Health.

PROFESSOR MATTHEW HAY, of Edinburgh, has been elected Professor of Pharmacology, in the Medical Department of the Johns Hopkins University, at Baltimore.

PHILADELPHIA POLYCLINIC.—The Philadelphia Polyclinic and College for Graduates in Medicine will soon remove to its enlarged and improved building on Broad Street.

DR. W. H. DOUGHTY, JR., has been elected to fill the vacancy in the Chair of Obstetrics, in the University of Georgia, caused by the resignation of the venerable Dr. Joseph A. Eve.

DR. JOHN C. DRAPER, Professor of Chemistry in the Medical Department of the University of the City of New York, died of pneumonia at his home in that city on December 20th.

DR. R. J. LEVIS, President of the Philadelphia County Medical Society, gave a brilliant reception to the members of the Society, on December 12th, at his residence, Sixteenth and Walnut Streets.

PROFESSOR A. P. GRINNELL, M.D., of the University of Vermont, will deliver the course of lectures on the Practice of Medicine at the Long Island Hospital Medical College during the present season.

DR. JOHN P. REYNOLDS has resigned from the Chair of Obstetrics in the Harvard Medical College. Dr. William L. Richardson has been appointed to act as his successor until the vacancy is permanently filled by the Board of Trustees.

WE learn with regret that Dr. E. R. Squibb has announced the discontinuance of the valuable series of pamphlets which, for the past few years, he has issued under the title of "An Ephemeris of Materia Medica, Pharmacy, Therapeutics, and Collateral Information."

THE CLEVELAND MEDICAL GAZETTE is the title of a new and brilliant medical journal published at Cleveland, Ohio. It is edited by Drs. A. R. Baker and S. W. Kelley, who have evidently determined to make it second to none in the field of practical medical journalism.

PROFESSOR W. F. WESTMORELAND presented at his clinic, at the Atlanta Medical College, recently, a case of dislocation of both bones of the forearm at the elbow, of three months' standing. The dislocation was reduced, and the patient experienced very little inconvenience afterwards.

THE AMERICAN PUBLIC HEALTH ASSOCIATION has elected the following officers for the ensuing year: President, Dr. H. P. Walcott, of Massachusetts; First Vice-President, Dr. G. W. Coverton, of Ontario, Canada; Second Vice-President, Dr. G. B. Thornton, Memphis, Tenn.; Treasurer, Dr. J. Berrien Lindsley, Memphis, Tenn.

THE DETROIT LANCET having long since outgrown its local character, will hereafter be known as the American Lancet. This new title is indicative of its extensive circulation, as well as of the valuable and varied nature of its contents. The Lancet will remain, as heretofore, under the able editorial management of Leartus Connor, A.M., M.D.

DR. D. G. BRINTON, editor of the Medical and Surgical Reporter, has been appointed Laureate of the Societe Americaine de France, for 1885, and awarded the annual medal of the Society for his learned works upon the aboriginal languages of America. Dr. Brinton is the first American upon whom this honor has been conferred.

PHILADELPHIA HOSPITAL.—Dr. Andrew Nebinger has been elected consulting physician to the Insane Department. Drs. A. W. Ransley and W. S. Steinbach have been added to the

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surgical staff. Drs. William Osler and John H. Musser have been added to the medical staff, and Drs. E. E. Montgomery and Elliott Richardson have been appointed on the obstetrical staff.

THE MUTTER LECTURES.—The first series of lectures of the Mütter course were delivered before the College of Physicians, of Philadelphia, by Dr. Henry F. Formad, on December 8th, 11th, 15th, 18th, and 22d. The remaining lectures will be delivered on January 5th, 8th, 12th, 15th, and 19th. The subjects are, "Morbid States as Influenced by Embryonal Development, Anomalous Structural Peculiarities, Injuries, and the Effects of Lower Organisms, with Special Reference to Surgical Pathology."

THE NEW YORK STATE MEDICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. E. M. Moore; Vice-Presidents, Drs. William Gillis, H. C. Van Zandt, Frederick Hyde, and D. Guernsey; Recording Secretary, Dr. Caleb Green, Homer, Cortland County; Corresponding and Statistical Secretary, Dr. E. D. Ferguson, Troy; Treasurer, Dr. J H. Hinton, New York; new members of the Council, Drs. E. M. Lyon, I. H. Abell, T. W. Ross, S. T. Clark, and E. S. F. Arnold.

PREVENTION OF MAMMARY ABSCESS.—Dr. Miall (British Med. Journal) says the formation of mammary abscesses can be prevented by the use of fomentations of hot water and carbonate of ammonia. He has frequently seen cases in which the breasts were hot and inflamed, with redness of the skin, throbbing and deep-seated pain, the pulse being 120 in the minute, yet these symptoms have disappeared in the course of a few hours under fomentation with hot water and ammonia. An ounce of carbonate of ammonia is dissolved in a pint of boiling water, and when solution is effected, the temperature will scarcely be too high for fomentation with cloths dipped in the liquid. These must be assiduously applied for half an hour at least, and repeated two or three hours later, if necessary. Relief is immediate.

MEDICAL ENTERPRISE IN THE SOUTH.—Among many other indications of returning prosperity to the South is to be noticed the establishment of private infirmaries under the care of Southern physicians and surgeons. In Georgia, Dr. V. H. Taliaferro has in successful operation a private infirmary for the treatment of diseases of women. Dr. Taliaferro must find this a congenial field for his energy and talents, as his experience has been large and his success great in this department of medicine. More recently a surgical infirmary for males and females has been established in Atlanta by the well-known surgeon and writer, Dr. J. McF. Gaston, than whom no one stands higher in all sections of the country. In this connection reference may also be made to the deservedly renowned establishment of Dr. Battey, a description of which recently appeared in the Atlanta Medical and Surgical Journal.—*Gaillard's Medical Journal*, New York.

CAPSICUM IN HEMORRHOIDS.—A case is mentioned by a correspondent of a Peruvian medical journal of a case of bleeding piles cured by capsicum. The patient was a man of twenty-eight years of age. He was much distressed by passing variable quantities of blood after going to stool, and suffered a good deal from anal irritation and tenesmus. No tumor could be detected. He had formerly been in the constant and daily habit of using a violent purgative for ten months, and after he left it off, obstinate constipation followed, and it was under these circumstances that hemorrhage commenced. The writer tried all kinds of remedies, and regulated the diet, without producing any improvement, and at last was contemplating surgical measures, when he happened to mention the case to a hospital physician, who suggested a trial of capsicum, as he had himself been cured of a very obstinate form of chronic dysentery by its means, and he felt sure that it possessed the property of acting on the rectum. This was consequently prescribed with meals, and the doses gradually increased. A marked improvement soon was observed, and at the end of a couple of months a complete cure was effected.—*London Medical Times.*

QUININE IN TYPHOID FEVER.—Dr. O. F. Schultz (American Practitioner) urges the systematic employment of quinine in all cases of typhoid fever. The method which he has adopted since 1881, is to administer grs. v to infants, grs. viiss to x to children, and grs. xv to xxx to adults, in solution with muriatic acid, or mixed with syrup or fluid extract licorice, and then followed by lemon juice or muriatic acid within half an hour, every evening between seven and eight o'clock, until the evening temperature does not exceed 102°, and then every other evening till the morning temperature has permanently become normal. The object which he has in view is, primarily, to force an early breaking up of the disease, and, secondarily, the prevention of hyperpyrexia, a high and obstinate grade of fever furnishing an indication not for the exhibition of quinia—this indication is furnished by the disease—but for a crowding of the doses and an increase in their size. By the course the disease takes under this method, Dr. Schultz has long become convinced that: 1st, Quinia can abort the typhoid fever process; 2d, If the disease is not aborted its duration is shortened; 3d, It is made to pursue a milder course.

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THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF WASHINGTON TERRITORY.—The Board of Regents have completed the organization of a Law and a Medical Department of the Territorial University, located at Seattle, and the following gentlemen have been elected to constitute the medical faculty :—

Thomas D. Minor, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine; Rufus Willard, M.D., Professor of Obstetrics and Diseases of Women and Children; Edward L. Smith, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery; John Baker, M.R.C.P. and S., Ontario, Professor of Chemistry and Toxicology; Gideon A. Weed, M.D., Professor of Physiology and Hygiene; C. H. Merrick, M.D., Professor of Materia Medica and Therapeutics; L. R. Dawson, M.D., Professor of Descriptive and Surgical Anatomy and Histology; John W. Waughop, M.D., Professor of Psychological Medicine and Diseases of the Nervous System; John C. Sundberg, M.D., Professor of Ophthalmology, Otology, and Laryngology; J. S. M. Smart, M.D., Adjunct Professor of Clinical Surgery and Diseases of the Genito-Urinary Organs; L. R. Dawson, M.D., Demonstrator of Anatomy; Chair of Medical Jurisprudence to be filled; L. J. Powell, A.M., President of the University, *ex-officio* member of the Faculty.

THE COLUMBIA COUNTY MEDICAL SOCIETY ON THE CONGRESS QUESTION.—At the regular meeting of the Columbia County Medical Society, State of Pennsylvania, the following resolutions were unanimously passed :—

WHEREAS, There being a division of sentiment in the medical profession relative to the action taken by the American Medical Association at its meeting in New Orleans, and also as regards the action of the Committee of Arrangements in carrying out its instructions relative to the proposed meeting of the International Medical Congress, to meet in Washington, D. C., in 1887,

Resolved, That we reaffirm our allegiance to the Code of Ethics of the American Medical Association, and we hereby give expression to our unqualified endorsement of its action in adding to the Original Committee.

Resolved, That this Society approves of the action of the Committee at its meeting in Chicago in deciding to appoint to official positions in said Congress only those who are responsible to the American Medical Association.

Resolved, That a copy of this action be forwarded to the Secretary-General of the Congress.

W. M. REBER,
Secretary Columbia County Medical Society.

INTESTINAL INVAGINATION.—Dr. G. T. Vaughan (Virginia Medical Monthly) says the treatment of suspected intestinal invagination should be based upon this admirable maxim of Professor Austin Flint, Sr.: In any affection of the bowels, when in doubt about the diagnosis, *never* give a purgative; for if obstruction exist it can only do harm, and if it does not exist, simple enemata of warm water or olive oil will answer the purpose, and are perfectly safe. Enemata of water or air, as long as the patient can bear the tension, are useful, especially in invagination, and olive oil or ox-gall, as recommended by Dr. Flint, to soften fecal impactions. Belladonna or atropia should be used by mouth and rectum, in the hope of obtaining its relaxing effect on the muscular coat of the intestine, and morphia subcutaneously to mitigate pain and quiet peristalsis.

These remedies having failed to give relief, the question of laparotomy arises, and it should not be delayed too long, as the patient's chances of recovery will be materially diminished; for spontaneous cures so seldom result, that their probability may be almost disregarded in the question of treatment.

As that distinguished surgeon, Dr. Hunter McGuire, so well expresses it, the physician who hesitates to operate, after having tried all other means, and failed to relieve his patient "is guilty of neglect of duty."

AQUA CREASOTI.—The officinal aqua creasoti, or creasote water, is so important a preparation for one special use, that it is well to notice it in order to emphasize that special use. It is a simple one per cent. solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid or coal-tar creasote for this purpose, but is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it, will relieve the pain of burns or scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over. It is also very effective as a local anæsthetic for general use in all painful conditions which affect the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable by simple management of the strength of the solutions and the mode of application. They are the true anæsthetics to the skin, while

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the much-lauded cocaine is not. This statement has been published so often, and the treatment has been so effective in so many hands, that it should be universally employed instead of the old and comparatively useless and hot dressings, such as carron oil, white lead ground in oil, flour, linaments, etc., or the newer application of solution of bicarbonate of sodium.—*An Ephemeris of Materia Medica.*

THE PREVENTION OF SEPTICÆMIA.—Dr. Israel B. Washburn (Med. and Surgical Reporter) says: Five or six years ago I adopted the practice of giving chlorate of potassium to all my puerperal patients, commencing the second day after delivery, and continuing at least five days, or, what I think a better guide, as long as there is any color to the lochial discharge. In that time I have not had a single case of septicæmia amongst the patients I attended myself.

The use of the remedy as a preventive of blood-poisoning in puerpera is not original with myself, but I have extended it to my surgical cases with like good results. There may not be any power in the potassium chlorate to prevent septicæmia, but prior to the time I commenced using it such cases were not infrequent among my patients, a number were dangerously ill, and I lost a few that I treated or assisted in treating. I usually administer the remedy as follows:—

℞. Chlorate potassium . . . ʒj.
Aqua pura . . . . ʒij.

M. Sig.—Half a teaspoonful every three or four hours.

It is not necessary to give it in large doses, as they are dangerous.

I have never resorted to the intra-uterine injections, as some recommend, but have relied upon vaginal injections of warm water, with or without any disinfectant, as needed, as a matter of cleanliness.

The periodical fevers sometimes preceding, at others following confinement, should be interrupted as soon as possible. They are liable to arrest the lochial discharge, and that will cause septicæmia, unless prevented by proper treatment. I hope physicians in large cities or localities where puerperal fever or septicæmia is prevalent, will try the chlorate of potassium, and report, that the profession may know whether it is a success or a failure.

EAST LINE MEDICAL ASSOCIATION OF TEXAS.—At a meeting of this progressive and flourishing Association, the following resolutions, presented by Dr. J. J. Dial, were unanimously adopted:—

WHEREAS, The American Medical Association at its meeting, held in the city of Washington, in May, 1884, appointed a committee to invite the "International Medical Congress" to hold its next meeting at the city of Washington, said committee having other powers delegated to them; and, *whereas*, the American Medical Association, at its meeting held in the city of New Orleans in April last, did, as it had a right to do, receive such portions of said committee's work as was satisfactory to it, and enlarged said committee, making it, what it should be, national in character. And, *whereas*, certain members of the profession have objected thereto, and have done what they could to throw obstacles in the way of a perfect and harmonious organization of the present committee and the work of said committee; and, *whereas*, we believe it to be our duty to express our views in the present condition of affairs; therefore, be it

Resolved, That we do most heartily endorse the action of the American Medical Association, at its meeting at New Orleans in May last; and also do most heartily endorse the present committee and its work up to date.

Resolved, That we do hereby pledge ourselves to sustain the American Medical Association in its efforts to make the International Medical Congress a success, and to elevate the standard of legitimate medicine in these United States.

Resolved, That we are proud of and do most cordially endorse the delegates from our State Medical Association to the American Medical Association at New Orleans, in May last; we believe their action represents the true sentiments of a very large majority of the profession in Texas.

Resolved, That we disclaim any sectional feeling in this matter. We know no North, no South, no East, no West. We are for honorable medicine—The American Medical Association one and indivisible, now and forever!

Resolved, That a copy of these resolutions be sent to Daniel's Medical Journal for publication.

J. W. GARNETT, *Secretary.*

A NEW METHOD OF GIVING A BATH IN TYPHOID FEVER.—Dr. H. C. Wood (Therapeutic Gazette) says the great difficulty in the use of the bath in fevers is in the trouble which is involved in moving the patient in and out of the bath tub. The following simple device will in great part remedy this trouble, and also save the necessity of providing a portable bath tub. The canvas of an ordinary bed cot is to be made three or four inches wider than it is ordinarily arranged, and a board nailed at each end so as to hold the cot permanently open and project above it several inches in the form of a head-board or foot-board. This cot is then arranged alongside of the bed of the patient, so as to be on a level with the bed, and at the same time firm. Over it is spread an India-rubber cloth sufficiently large to cover it entirely and to fall above and

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below, over the head-board and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course, the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing sponge, the water in this pool, heated by the body, can be removed by means of this sponge, and fresh cold water soused over the body enveloped in the sheet. In this way the water—lying continually between the sheet and the body, as well as saturating the sheet—so envelops the person that the effect of the cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath can be given.

I notice that Stephan, of St. Petersburg, affirms that the application of ice-bags over the superclavicular regions is sufficient to control the temperature in fever, owing to the fact that the cold is brought into close contact with much of the blood of the body by the large superficial veins of the neck. I have had no experience, however, of this method of reducing temperature, but it is worthy of a trial; especially as it seems to be safer to reduce temperature in a low fever by external cold, than by our at present known depressant antipyretic drugs.

RECURRENT LARYNGITIS.—Dr. E. Fletcher Ingalls (Journal of American Medical Association) says the treatment of recurrent laryngitis must be varied according to the cause of the disease. In cases in which the affection occurs in a person predisposed to inflammation of the mucous surfaces, and in which there is no obstruction in the upper air passages to account for it, we adopt the ordinary treatment recommended for chronic laryngitis, *i.e.*, local applications of astringents and stimulants, together with proper attention to any constitutional symptoms. We must make every effort to ascertain the true cause of the frequent colds from which these patients suffer, and they must be advised accordingly.

During the heighth of the attack, I prefer applications of sulphate or chloride of zinc, in strength varying from gr. ij to xxx in f℥j, according to the effect, the weaker solutions during the heighth of the affection, and the strong ones later on. These are made with the atomizer, if possible, but in a large number of cases, the patient cannot hold the throat in position long enough to permit a thorough application; and then either a brush or a pledget of cotton must be employed. I prefer the latter for most cases. After the inflammation has subsided, I direct the patient to continue the use of the mild, stimulating spray two or three times a day for many months, in order to toughen the membrane so that it may not be so easily affected by exposure. For this purpose I usually recommend a solution of sulphate of zinc in water, two or three grains to the ounce. This should be used for three or four weeks, and then substituted by some similar remedy, as ferric alum or chloride of zinc, for about the same time, after which the original spray may be again employed. Frequently, I combine with these solutions small quantities of carbolic acid, for its sedative effect, and often I add to them the distilled extract of hamamelis, eucalyptol, or Listerine. At the same time, owing to the pharyngeal trouble, troches of krameria, or Hancock's compound troches of krameria, or benzoic acid, may be beneficially employed four or five times a day. By this process, eventually, nearly all these cases will be cured, if the patient is faithful in the use of his home remedies.

The vapor inhalations which were much in vogue a few years ago, are not generally beneficial, except during the first few days of the attack; on the contrary, they are often hurtful by reason of the increased tendency to inflammation induced by the frequent applications of warmth and moisture. As a matter of course, the patient must not use the voice when hoarse, and he must be careful in recommencing its use after a period of rest.

The condition of the digestive and secretory organs must be carefully attended to in all these cases, and the rheumatic, gouty, syphilitic, or dartrous diathesis, if present, must receive proper consideration.

In a considerable number of cases, the inflammation is caused and maintained by the use of tobacco. I have found the condition most frequently among smokers, though I believe that chewing is almost as injurious in some individuals. In such cases, tobacco must be discontinued before we can hope for a complete cure.

THE INTERNATIONAL CONGRESS.—We have received a circular containing the preliminary organization of the International Congress, which we publish elsewhere, and which looks very much as though the meeting was destined to be a great success.

In this connection, it seems to us to be our plain duty to call attention to and to censure in very severe terms the unpatriotic course that has been hitherto pursued by the two prominent weekly medical journals, that, we are almost ashamed to say, have made every effort in their power to doom the Congress to failure.

With remarkable persistency, that would call only for the highest praise were it expended in a worthy direction, the Medical Record of New

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York, and the Medical News, of Philadelphia, have, by repeated editorials and by the republication of extracts unfavorable to the Congress from interested foreign journals (such as those published in Berlin, which city was the great rival of the United States at Copenhagen for the honor of the Congress in 1887), used their utmost endeavors to cultivate the seeds of discontent that had been cast abroad by the disappointed clique. The editor of the Medical News is one of this select circle, and it is with sorrow that we witness his exhibition of weakness in prostituting the great mission of medical journalism to the gratification of a jealous coterie. The Medical Record is the organ of the New York circle, and its great mission has been submerged by (to say the least) an exceedingly unpatriotic course.

How different in a similar situation would be, and indeed how dissimilar in the present case is the course pursued by the great independent London weekly, the Lancet; this enormously influential journal, published in a country that would be perfectly excusable for hostility to an American Congress, has been much more loyal to our good name and our good fame than have our own journals. The scurrilous imputation has been made that the Lancet has been bought over, and as we write the words, we can see the smile that will illumine the face of Mr. Wakeley when he reads that any one could for a moment suppose that his absolute independence, that has made his journal the most influential medical publication in the world, could be bought at any price. From the beginning, Mr. Wakeley's penetration enabled him to recognize the true inwardness of this revolt, and rightly reasoning that justice, truth, and journalistic independence were to be placed high above all personal aims, he has accorded to the Congress a hearty support.

That our visitors will not see men worth seeing, and hear men worth hearing, because some of the leading lights of our large cities will "sulk in their tents," is not true. We venture to say that the distinguished physicians of Europe would consider it well worth their while to have traveled many miles to have heard and seen McDowell, Atlee, or Jenner; to see and hear Koch, and many others whose names we could mention who did not, when they became famous, belong to city cliques. It is not always those who themselves think so, who are the most worth hearing and seeing.

Besides, we are not so sure that these shining lights will not be found at the feast. It is a significant fact, that the two journals already alluded to have, for some little time, dropped their former aggressive form and stand only on the defensive, editorially noticing the Congress only when their policy in the past is attacked, and then lamely defending their course, and endeavoring ludicrously to gracefully retire from a position which they evidently regret. Now, that those who would have taken pleasure in ruining the Congress, realize that the fœtus has great vitality and gives ample promise of a vigorous maturity, they hesitate in their unpatriotic course, and since success always assures success, commence to think that they would like to do homage to its shrine, and since, with a commendable spirit, the present authorities seem inclined to extend the hand of fellowship to those among the revolters whose coöperation is universally desirable, we doubt not that the chasm will be bridged.—*Medical and Surgical Reporter.*

WHEN A PATIENT DIES OF EXHAUSTION, FROM WHAT DOES HE DIE?—Dr. J. Milner Fothergill (British Medical Journal) says: We all know what is meant by death from exhaustion. It is "failing power." The patient sinks before our eyes, slipping away because we cannot "keep up the strength," or "husband the powers," or "maintain life," as we variously phrase it. We know well that, when the sick man declines food, in a limited time he will sink. We give him the readily oxidizable alcohol, but he cannot long survive on that alone. What is amiss, that we fail to keep him alive?

If a shipwrecked sailor be deprived of food for a certain time, he will die of starvation. He grows weaker and weaker, till, at last, he dies of exhaustion. Just like the sick man, he sinks. We know, too, that, while a man so deprived of food in a cool locality will die in about ten days, he will die in less time in a cold locality; while life will be maintained for a longer period of time, even to seventeen days, in the tropics. (It is assumed that he has access to water.) Starvation is a slow form of burning up. But what is burnt up? The fuel-food of the body, clearly. The fuel of the body is glycogen and fat—the stored form of fuel.

Glycogen is burnt, we believe, as lactic acid in union with soda—lactate of soda. From the carbohydrates of our food, glycogen or animal starch is stored mainly in the liver. This glycogen is stored up from each meal, and given off, as grape-sugar, as the body requires it. Disturbance in the glycogenic function of the liver gives us diabetes, a wasting disease. In the diabetic person the combustible portions of the body are burnt up, just as in death by starvation. The liver gives off grape-sugar as long as it has any to give; and, when its store (and the spare store, the body-fat) is exhausted, then the lamp of life dies out, just as the lamp on our study-table dies out when the oil is exhausted.

Now how does all this bear on our patient sinking from failure of the powers, otherwise "dying of exhaustion"? It bears very materially upon his case. Virtually, the patient is

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dying of starvation. How do we feed that perishing patient? We give him beef-tea, calf's-foot jelly, alcohol, and milk, and seltzer-water or other effervescing water. He may get a small quantity of other foods; but that just given is the staple of his regimen. Now, let me ask, in all seriousness, how much of the body-fuel (grape-sugar) is contained in the list? A small quantity of milk-sugar there is certainly; also, a small quantity of fat in the milk; some oxidizable alcohol certainly. But are we not mocking the famishing man by giving him a stone when he asks for bread? Do we not stand around his dying bedside, and, with the best intentions in the world, let him die by inches before our eyes, unsuccored, unfed?

Fashion prescribes the food of the sick-room to a large extent. Veal-broth had given way to calf's-foot jelly when my professional experience first began. Then a patient who had not had calf's-foot jelly had been neglected. Now it is beef-tea which holds the place of honor in the sick-room. Beef-tea is valuable as a stimulant, as a pleasant vehicle of something else, but its food-value is so small, that it can scarcely be classed as a food.

What that beef-tea needs is grape-sugar. How can this be added? In our prepared foods, known generally as "baby food," starch has been converted into the soluble dextrine, or maltose; the one grape-sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef-tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted, more or less completely, into grape-sugar. The saliva of a sick person is enfeebled, and so carbohydrates should be provided which do not require insalivation for their solution, being already soluble. This demand is met by the various malt extracts which contain not only soluble carbohydrates, but also some soluble albuminoids, and phosphatic salts, ground malt of like composition, also grape-sugar itself. The latter is not too sweet to pall upon the palate when added to beef-tea or other meat-broth.

BOOK REVIEWS.

The Physicians' Visiting List for 1886. Philadelphia: P. Blakiston, Son & Co.

This popular visiting list, which is now in the thirty-sixth year of its publication, contains a complete posological table, an illustrated description of Marshall Hall's ready method of resuscitating asphyxiated patients, a list of poisons and their antidotes, a *résumé* of new remedies, and a well-arranged visiting and obstetric record.

Practical Surgery, Including Surgical Dressings, Bandaging Fractures, Dislocations, Ligation of Arteries, Amputations, and Excisions of Bones and Joints. By J. EWING MEARS, M.D., Lecturer on Practical Surgery and Demonstrator of Surgery, Jefferson Medical College, etc. With four hundred and ninety illustrations. Second edition. Revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1885.

Much new and important matter has been incorporated in the second edition of this valuable work. It now contains a clear and concise description of all the operative procedures of every-day surgical life, and will be of inestimable assistance to the busy practitioner, as well as to the student when preparing for examination.

Inebrism; a Pathological and Physiological Study. By T. L. WRIGHT, M.D., Bellefontaine, Ohio. Published by the author.

This instructive treatise is devoted to a consideration of the causes of inebriety, and the pathological changes which are developed in the organs and tissues of inebriates. It contains much important information and many valuable suggestions, and should be read by every lover of humanity.

Post-Mortem Examination, with especial reference to Medico-Legal Practice. By Professor RUDOLPH VIRCHOW. Translated by T. P. SMITH, M.D., M.R.C.S. Philadelphia: P. Blakiston, Son & Co., 1885.

This valuable monograph contains an interesting account of Professor Virchow's early experience as Prosector in the Berlin Hospital, and the subsequent development under his guidance of a systematic method of making *post-mortem* examinations. By this method a *post-mortem* examination can be completed in three or four hours, and yet conducted so carefully that every possible cause of death may be fully investigated.

A Text-Book of Medical Chemistry for Medical and Pharmaceutical Students and Practitioners. By ELIAS H. BARTLEY, M.D., Adjunct Professor of Chemistry and Lecturer on Diseases of Children in Long Island College Hospital, etc., with forty illustrations. Philadelphia: P. Blakiston, Son & Co., 1885.

This work is the result of the author's experience as a teacher of chemistry during the past twelve years, and corresponds in subject matter and general arrangement with the course of lectures given by him for several years in the Long Island College Hospital. It was written especially for the use of medical and pharmaceutical students, but will also be of value to the practising physician as a book of ready reference.

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Official Formulæ of American Hospitals. Collected and arranged by C. F. TAYLOR, M.D., editor of The Medical World. Published by The Medical World, Philadelphia.

This little volume contains the formulæ which are most frequently employed in the principal American hospitals. It has been carefully compiled by Dr. C. F. Taylor, and will be found to be a useful pocket companion.

A Treatise on Nervous Diseases; their Symptoms and Treatment. A Text-Book for Students and Practitioners. By SAMUEL G. WEBBER, M.D., Clinical Instructor on Nervous Diseases Harvard Medical School, etc. New York: D. Appleton & Co., 1885.

This volume contains a concise but comprehensive description of the etiology, pathology, diagnosis, prognosis, and therapeutics of the functional and organic diseases of the nervous system. It is written in an attractive style, and will prove a valuable addition to the working library of every practitioner of medicine.

The Physician Himself, and what he should add to his Scientific Acquirements in order to secure Success. By D. W. CAHILL, M.D., late Professor of Pathology in the College of Physicians and Surgeons, of Baltimore. Fifth edition. Revised and enlarged. Baltimore: Cushing & Bailey, 1885.

The success of this admirable book is as unparalleled as it is well deserved. Over fifteen thousand copies were sold within two years from its first publication, and the fifth edition, which has been recently printed, will soon be exhausted also.

We cordially advise those of our readers who have not yet procured a copy of it, to send for one at once. It is full of practical suggestions, from which every young practitioner, and many old ones, can derive both pleasure and benefit.

Milk Analysis and Infant Feeding: a Practical Treatise on the Examination of Human and Cow's Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of Young Infants. By ARTHUR V. MEIGS, M.D., Physician to the Pennsylvania Hospital, and to the Children's Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This little book is a valuable contribution to our knowledge of infantile dietetics. The author, after long and careful investigation, is convinced that human milk contains a much smaller percentage of casein than is ordinarily believed to be present in it; and that the failure of the various substitutes which are used for it is due to the fact that they usually contain more casein than can be digested by the infantile stomach. Experience has shown that these views are correct.

The Use of the Microscope in Clinical and Pathological Examination. By DR. CARL FRIEDLANDER, Private Docent in Pathological Anatomy, Berlin. Translated by HENRY C. COE, M.D., Pathologist to the Woman's Hospital. New York. Second edition. Enlarged and improved. New York: D. Appleton & Co., 1885.

This volume contains a concise description of the best methods of making microscopic examinations for diagnostic and pathological purposes, and will be found to render invaluable aid in many obscure cases. Its author is well known as one of the most expert anatomists and microscopists of the famous Berlin school.

Aids to Gynecology. By ALFRED S. GUBB, L.R.C.P., M.R.C.S. New York and London: G. P. Putnam's Sons, 1885.

Aids to Surgery. By GEORGE BROWN, M.R.C.S., L.S.A. New York and London: G. P. Putnam's Sons, 1885.

Aids to Obstetrics. By SAMUEL NALL, B.A., M.B. New York and London: G. P. Putnam's Sons, 1885.

Aids to Medicine. By Dr. C. E. ARMAND SEMPLE, B.A., M.B., etc. New York and London: G. P. Putnam's Sons, 1885.

This valuable series of compends has been written for the use of students while preparing for examination. Each volume presents in a clear and concise manner all the important facts connected with the subject of which it treats. The volume on gynecology is especially worthy of commendation, as containing a complete *résumé* of all the salient features of that department of medicine.

Leonard's Physician's Pocket Day-Book. Published annually by the Illustrated Medical Journal Company, Detroit, Mich.

This popular day-book is now in its ninth year of publication. It is good for thirteen months, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having a cash department, and complete obstetric records. It also contains columns for the diagnosis of the case, or for brief record of the treatment adopted, following each name space.

Modern Therapeutics of the Diseases of Children. By J. F. EDWARDS, M.D. Philadelphia: D. G. Brinton, M.D., 1886.

This valuable book presents in a concise form a summary of the most approved modern methods of treatment of diseases of children. The sections on diphtheria, croup, and bronchitis are especially instructive. Every page, however, contains valuable suggestions, and will well repay careful perusal.

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A Compend of the Practice of Medicine. By DANIEL E. HUGHES, M.D., Demonstrator of Clinical Medicine, Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable work is one of the most complete handbooks of the practice of medicine that has yet been published. It is based upon the popular quiz compends written by the author some years ago, but contains much new and original matter, and has been further enlarged and improved by the addition of a complete section upon diseases of the skin.

A Practical Treatise on the Diseases of Children. By ALFRED VOGEL, M.D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and edited by H. RAPHAEL, M.D., New York. Third American edition, from the eighth German edition. Revised and enlarged. New York: D. Appleton & Co., 1885.

The value of Professor Vogel's interesting and instructive treatise on the diseases of children is sufficiently attested by the fact that it has been translated into four languages, and the present edition is the third that has been issued in America within a few years. It contains a complete summary of the etiology, pathology, prognosis, and therapeutics of the varied diseases of infantile life. It is evidently the result of years of personal experience, as well as of extensive reading, and is well entitled to a first place in the field of modern medical literature.

NEW PUBLICATIONS RECEIVED.

Puerperal Mania, by T. K. Holmes, M.D., Chatham, Ont. Reprint from Canadian Practitioner.

Contributions to the Philosophy of Color, by William C. Cahall, M.D., Philadelphia. Reprint from Popular Science Monthly.

Rectal Medication, by D. W. Cathell, M.D. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland.

The Surgical Treatment of Cystis of the Pancreas, by N. Senn, M.D., Chicago, Ills. Reprint from Journal of American Medical Association.

Mechanical Dilatation of the Uterus, by Charles Meigs Wilson, M.D., Philadelphia. Extract from Transactions of Pennsylvania State Medical Society.

A Case of Laparotomy for Gunshot Wound, by John R. Hamilton, M.D., Washington, D. C. Reprint from the Journal of the American Medical Association.

Iritis: Its Relation to the Rheumatic Diathesis and Its Treatment, by Charles J. Lundy, A.M., M.D., Detroit, Mich. Reprint from the Physician and Surgeon.

Abnormal Positions of the Head: What do they Indicate? by Edward Borck, A.M., M.D., St. Louis, Mo. Reprint from The Medical and Surgical Reporter.

In Memoriam, John L. Atlee, M.D., LL.D. An Address delivered before the Lancaster City and County Medical Society, by J. L. Ziegler, A.M., M.D., of Mount Joy, Pa.

Hydrobromic Ether, or Bromide of Ethyl as an Anæsthetic, by Laurence Turnbull, M.D., Ph.G., Philadelphia, Pa. Reprint from the Journal of the American Medical Association.

The Practice of Artificial Anæsthesia, Local and General, with especial reference to the Modes of Production and their Physiological Significance, by Dudley W. Buxton, A.M., M.D. Reprint from British Medical Journal.

A Case of Fatal Ear Disease, beginning as a Circumscribed Inflammation in the outer half of the External Auditory Canal, by Charles J. Kipp, M.D., Newark, N. J. Reprint from Transactions of American Otological Society.

Résumé of Dr. J. Mortimer Granville's Book on Nerve Vibration and Excitation, with Notes of Clinical Experience with the Percuteur, by Asa F. Pattee, M.D., Boston, Mass. Reprint from the Journal of the American Medical Association.

Observations upon the Mutual Relations of the Medical Profession and the State. An Address by Donald Maclean, M.D., President of the Michigan State Medical Society. Delivered before the Society at Port Huron, Mich. Published by order of the Society.

Ninth International Medical Congress, to be held in Washington, D. C., in September, 1887. Preliminary Organization. Rules and General Officers. Published by order of the Executive Committee, Henry H. Smith, M.D., Chairman, Philadelphia; Nathan S. Davis, M.D., LL.D., Secretary-General, Chicago, Ills.

On the Necessity of an International Pharmacopœia. An Address delivered in French before the International Pharmaceutical Congress, at its meeting in Brussels, September 1, 1885, by F. J. B. Quinlan, M.D., Professor of Materia Medica and Therapeutics, Catholic University Medical College, etc. Reprint from the Dublin Journal of Medical Science.

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ORTHOPÆDIC NOTES.

WITH REPORTS OF INTERESTING CASES TREATED AT THE SURGICAL INSTITUTE, N. E. CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from December number.)

CASES of lateral curvature having a central origin are by far the most numerous; they are due to some occult fault in the nerve-tract, which causes a failure of some of the normal nervous influences to reach certain portions of the spinal and thoracic systems of muscles. Very nearly all the cases starting with a distortion in the dorsal region as the primary curve have this origin. Secondary and compensatory curves in the cervical and lumbar regions soon follow. The resulting deformity seems capable of progressing to almost every conceivable extent, and is almost universally accompanied with some rotation of the vertebræ. The different points and different degrees of deformity, and the different relative amount of rotation will depend upon, and will be easily explained by, the different extent to which certain sets and different portions of the complicated system of muscles that control the motions of the spinal column are affected or involved.

The curvatures of mechanical origin have most frequently the primary curve in the lumbar region, and are usually unattended with rotation of the vertebræ.

The simple classification here suggested will enable us to clear away much of the confusion and conflict of opinion that has prevailed in regard to the treatment of lateral curvature. Cases of the first class, those of central origin, can be best treated by gymnastic exercises, carefully arranged and regulated so as to be adapted to the condition of each patient; but some appropriate mechanical support will generally be found to be an indispensable adjunct, and the best possible hygienic influences must be provided. The best results will not be attained unless all these measures are skilfully and resolutely persevered in. By these means a practical cure is nearly always obtainable if the patient is early treated and is yet within the growing period of life. A complete arrest of the disease, with some diminution of the deformity, can be confidently expected between the twentieth and twenty-fifth years, and a like result is sometimes obtainable up to thirty-five or forty years of age, or even later.

In the treatment of the second class of cases, or those of mechanical origin, the most important procedure is the accurate adjustment of an appropriate mechanical support, or such other mechanical measures as will remove or overcome the mechanical cause. A few of these cases are thus susceptible of absolute cure. Many others can be greatly relieved and improved; and there are but few in which the progress of the deformity cannot be arrested. I am aware that this is giving a prognosis much more favorable than is usually admitted for cases of lateral curvature; such results, however, can be obtained, though only by diligence and perseverance and constant attention. The mere

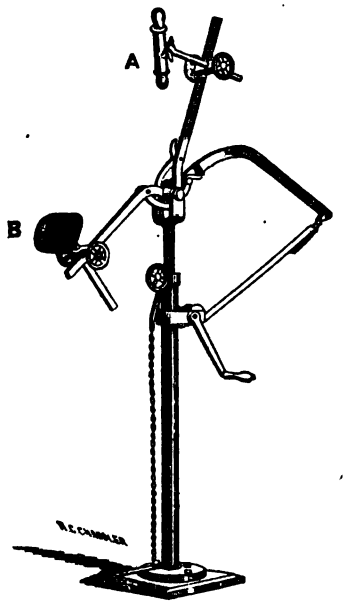

FIG. 8.

application of ever so excellent a form of mechanical support and an occasional looking after it, will not do. Every mechanical support must be incessantly watched and continually kept up to its work. So, also, with any system of gymnastic exercise; it must be resolutely and efficiently carried out, and from time to time modified as the indications change. If aught less than this is done, dismal failure will continue to be the usual result of any and every kind of treatment for lateral curvature.

Many ingenious methods have been devised by orthopædic surgeons to provide lateral curvature patients with appropriate gymnastics. These exercises should be conducted in connection with an improved position of the spinal

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column. Barwell's sloping seat is very simple and very useful in certain mild cases. The common apparatus for suspension is also exceedingly useful; but the modification of it shown in Fig. 8, used at the Institute, is, I think, much superior to it. The convex portion of the curvature is placed against the pad *B*, while the patient suspends himself by grasping with the hands the bar *A*. The relative position of the pad *B* and bar *A* can be infinitely varied and adjusted so as to suit a patient of any size, and admit of any degree of extension and pressure that may be advisable in each particular case. When there is a mild case with but slightly developed rotation, Barwell's "Respiratory Exercise" will be found useful. In the more marked and stubborn cases, with much rotation, the apparatus used at the Institute is described in Fig. 9. The patient occupies the seat *D*, the back resting against the pad *C*, the armpits rest in the crutches *A A*. The adjustable pad *B* rests obliquely against the convex deformity of the thorax, the crutches *A A* are elevated at the same moment that the pad *B* is moved forward, the combined motion giving thorough exercise to every muscle of the back and thorax. It is pleasant exercise to the patient. It stretches the spine and at the same time pushes the deformity toward a correct position, and gently, but thoroughly, exercises the muscles of the whole thoracic structure. It has proved to be a very valuable adjunct in the treatment of lateral curvature. Where the patient is feeble and unable to endure much exercise, a horizontal stretching-table, with adjustable pads for lateral pressure, is indispensable; such a one is depicted in Fig. 10. It is

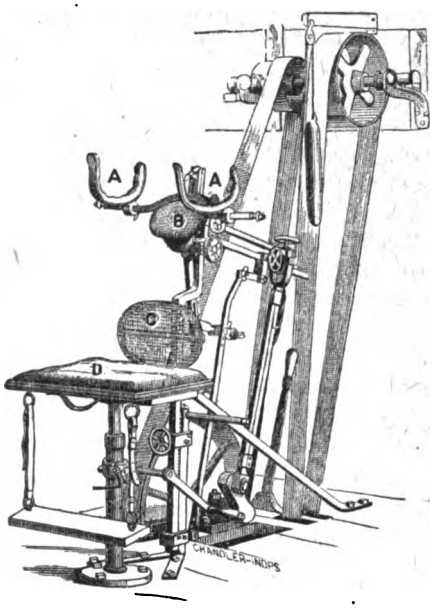

FIG. 9.

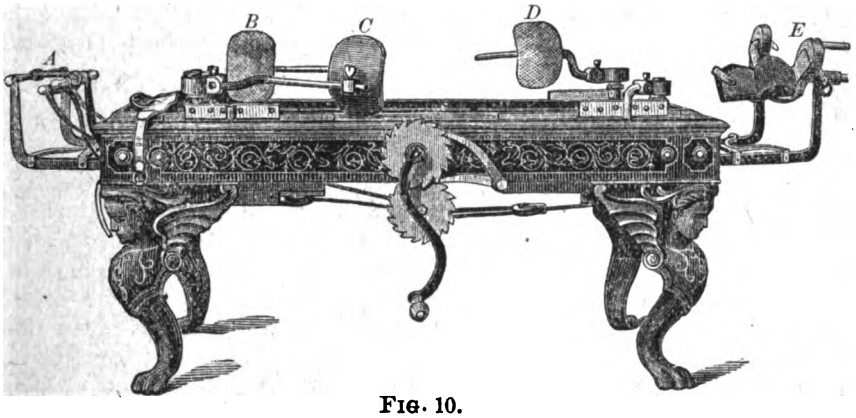

FIG. 10.

a sort of "rack" which can be used so gently as to give but little pain, but so effectively as to produce very favorable changes in many cases too feeble for any method of suspension. Stretching in the horizontal position provokes muscular contractions, and thus becomes really a valuable exercise to the spinal muscles, and if well arranged and regulated, can often be practiced without causing much fatigue. For a similar class of cases, Fig. 11 represents a very ingenious and useful machine, capable of innumerable niceties of adjustment. The patient sits upon the seat *E*, with the head supported on the rest *A*, the sides and back supported with perfect comfort and exactness by the movable pads *C G* and *D*, which can be almost infinitely adjusted to suit each individual case and each individual peculiarity.

[To be continued.]

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COMMERCIAL NEWS.

Treatment of Remittent Fever.

On page 14 of this issue of The Medical Bulletin, Dr. W. R. D. Blackwood, Neurologist Presbyterian Hospital, says, "The dietetic treatment of remittent fever is important. The food must be nutritious, yet digestible, and here the Tartarian Koumiss made by Mr. McKelway, of this city, fills admirably the indication, it being at once easily digested, gently stimulating from its carbonated character, and owning all the food value of good milk. Singularly those who dislike pure milk can take and relish the koumiss. It is invaluable in gastritis and wasting disease."

This preparation of milk is also valuable in dyspepsia and debility following acute, or accompanying chronic diseases. It is agreeable and refreshing, and its use has been attended with remarkable success in allaying vomiting and gastralgia, and in restoring the process of nutrition. See advertisement of Mr. McKelway, on page 16.

Coca and Cocaine.

M. Bignon, Professor in the Lima (Peru) School of Pharmacy, says, "In fresh or recently dried coca leaves that have undergone no fermentation, there exist only one inodorous, crystallizable alkaloid, cocaine. Coca leaves dried in damp weather, or pressed into sacks before completely dried, undergo a fermentation that destroys the cocaine. The fresh leaves, or leaves freshly dried in the open air in fine weather, with frequent turning, and sheltered from moisture and dew, yield easily eight grains per kilogram, and the fine sorts can give ten grammes and upward in exceptional cases and on the spot where they are grown. The employment of coca by the Indians has been badly observed. The Indian never chews coca alone; he mixes it with lime and ash, that is to say, with strong bases that isolate the cocaine."

Having in view the cautions implied in this article of Professor Bignon, the Mutual Chemical Company have arranged to procure fresh sun-dried coca leaves for use in their "Phosphated Coca-Malt," and by combining them with the phosphites of lime and soda, have produced a combination of unusual efficacy, containing with other valuable properties, all the advantages of the aboriginal mixture of coca and ashes. See their advertisement on colored insert.

Pure Water.

The Submerged Filter was awarded a bronze medal, the first award for merit, at the American Institute Fair in New York City last week; and from our personal experience with one we have, we thing it well deserves the compliment. Pure water is possibly the first requisite to the maintenance of perfect health, and since this filter is constructed on scientific principles, we bespeak for it an enthusiastic reception by the profession. See their advertisement on page 19.

Hydrastis.

"No remedy for physicians' use has been received with such universal approval." We quote the above from a well known medical writer, and would add that to the late William S. Merrell belongs the "largest share of credit for the introduction of Hydrastis preparations." It is claimed that these preparations stand preëminent to-day as the most valuable exponents of our vegetable materia medica, applicable as they are to the treatment of all irritable, inflammatory, and ulcerative conditions of the various mucous membranes.

The William S. Merrill Chemical Company have been experimenting with the drug for nearly half a century, and have produced a series of Hydrastis combinations representing all the active principles of the drug. They are the largest consumers of it in the world. Their advertisement will be found on colored insert.

Canton Chair.

Dr. George B. Swayze, 1828 Columbia Avenue, Philadelphia, says, "The Canton Chair embraces in itself all the best thought and devices, all the essential conveniences and excellencies of all the chairs which have preceded it, and goes beyond them all in ease and grace of combination. At the same time it is the handsomest chair before the profession—one that sensitive, nervous women do not shrink from—one which I would not exchange for any other. No little kink has been forgotten or overlooked in its construction—even to the jaw-teeth fastenings of the shafts of the stirrups, which secure any necessary or desired elevation and separation of the feet; to the automatic play of the curved foot-rest of the stirrup to preserve ease for the foot and ankle; to the lowering of the seat softly from the patient." A cut of the chair appears in their advertisement, on page 26.

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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, FEBRUARY, 1886. No. 2.

CLINICAL LECTURES.

THE ANATOMICAL BASIS OF EPILEPSY.

BY WALTER HAY, M.D., LL.D., CHICAGO MEDICAL COLLEGE HOSPITAL.

Professor of Nervous and Mental Diseases, and of Medical Jurisprudence.

[Reported by WILLIAM WHITFORD.]

GENTLEMEN: I desire to call your attention to the prognosis of epilepsy depending upon anatomical changes in the brain. Where epilepsy has existed for several years, it is almost necessarily hopeless. We sometimes find cases in which we detect an obvious traumatic cause—injury to the skull or brain—and we hope by the removal of that cause to remove the results. Where injuries are of comparatively recent occurrence, or where the epileptic state has existed for a short time only, we may hope to effect a cure by the removal of the traumatic lesion.

I have in my recollection three cases of epilepsy that were undoubtedly traumatic in character. First case was a lady who had been kicked in the malar protuberance by a horse, when about fifteen years of age. There was considerable depression. The kick had been received only a few months before epilepsy began to develop itself. The case came under my observation at St. Joseph's Hospital, and at the request of one of my old colleagues (Professor Gunn), and after consultation with the physician in attendance, I urged the operation of trephining. Both were unwilling—Dr. Gunn claiming that he had been disappointed so frequently in attaining good results. The operation was finally resorted to, however, with the result of relieving the lady and preventing a recurrence of the epileptic attack. This was a case in which neither irritation nor organic changes had taken place. There may have been exudations in the perivascular veins and pons.

The next case was a lady about eighteen or nineteen years of age, who, in the act of repairing a cistern, let a step ladder fall upon her, striking her upon the left side of the head, about three-quarters of an inch to the left of the sagittal suture. Epilepsy developed within three months, and persisted about twelve weeks, up to the time I saw the case. At our consultation the attending physician said that he had found a scalp wound, bleeding freely; he had closed it with sutures, and the patient did very well. I felt confident that there had been a fracture (but as far as palpation indicated, there was no perceptible depression). I again urged trephining, but the two surgeons were unwilling to perform the operation, and, although they afterwards consented, the physician in attendance insisted that there was no fracture. On making an incision and removing the periosteum, I found an exceedingly slight depression. It was, perhaps, of a diameter of three-quarters of an inch, saucer-shaped. It presented the appearance as if the head of a hammer had been pressed slightly down upon the bone. In performing the operation one of the surgeons bored until he was tired, and wondered if he was ever going to get through *that* bone. He finally got through it after boring half of an inch. The plug removed on one side was a little more than an inch deep, and upon the other not much more than a quarter of an inch,

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but across the upper face of the plug (after washing) there was a distinct bare line of fracture which resembled a hair. The fracture had been sufficient, however, combined with the violence inflicted, to produce inflammation, with a thickening of the bone and pressure, which had developed a counter-pressure upon the medulla and pons against the basilar plate of the occipital bone. The results of pressure were developed upon the convulsive centres of the brain; and we were very much gratified at the sudden arrest of the epileptic paroxysms. The patient did not return.

Another case which I examined, and of which I kept careful notes, was thirty-three years of age, who had epilepsy from boyhood. The exact number of years could not be ascertained. However, he had been a persistent epileptic; no history of traumatism could be learned by questioning the man himself or his relatives; and his physician, who had known and attended him for twenty-five years, knew nothing of any injury. In placing my hand over his head, I found behind the mastoid process a large hole into which my thumb slipped very easily. I urged trephining. We made an incision, and learned then, for the first time, that he had been kicked by a horse when about three years of age. A doctor had sewed up the wound, put pieces of plaster on it, and the boy apparently did well. In this case there had been a fragment of bone two and one-half inches long by three-quarters of an inch wide at its broader end, and one-quarter of an inch at its smaller end, which had been driven down edgewise into the brain, and had become adherent to the new bone. The periosteum had not been deposited, so that that fragment of bone followed down with its long edge projecting into the structure of the brain. About a pint of fluid was evacuated, and after four hours' boring we got through that piece of bone (patient being under the influence of chloroform all the time). Four days after the operation I saw the patient on a balcony watching a procession; but the epileptic attacks occurred as before, and continued. There was no intermission whatever. The fact is that the anatomical changes, which I have frequently mentioned, as a basis, had become thoroughly organized in the medulla and pons, and, of course, were permanent, although the original cause was removed. Whenever you have a case of epilepsy, and can trace it directly to some traumatic cause, it is good practice to remove the source of irritation; but be careful also about encouraging your patient as regards a favorable termination after the removal of such a cause.

MELANCHOLIA; MALIGNANT DISEASE OF THE LEFT LOBE OF THE LIVER.

BY WILLIAM PEPPER, M.D., LL.D.,
Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This case is an illustration of the form of mental trouble of which you will doubtless see many cases in practice, and which will prove very troublesome both to you and to the patient. This woman, aged forty-three years, tells us that she is a married woman, the mother of three children. She is happily married, and has had no domestic trouble and no cause for mental worry or strain. There is, however, in her family a predisposition to nervous disturbance. At the age of thirty-five her father began to manifest spells of melancholia, coming on suddenly, lasting for a number of months, and then disappearing suddenly. These recurred every year. He died at the age of sixty-five in one of the spells. Two of her father's brothers committed suicide. Her mother was always a cheerful woman. Her parents had eighteen children, nine of whom are living, but she is the only one who has manifested any symptoms of mental disturbance. There is no history of mental trouble in former generations.

Twenty months ago she was suddenly seized with melancholia. This she attributes to change of residence. At that time her husband removed from the house that they had occupied for many years, to another one only a short distance away. She states that the first time she went up stairs in the company of two others, a strange feeling came over her, and if she believed in ghosts she would have thought that the house was haunted. Ever since she has lived in this house there has been this feeling of dislike. It is increasing. No one else experiences this feeling, and she states that her family are as kind to her as is possible. She is unable to sleep in this house, either day or

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night. She has moved from one room to another and turned the bed in all directions, yet the result is the same. If, however, she simply goes across the field to the old house she sleeps without the slightest trouble. She states that she has lost all interest in everything, and that she feels that she is useless. She would not want to make away with herself, she says, but if it happened accidentally she would think that it would be very pleasant. She will not of her own accord leave the house, but if she is taken she will go, and it is necessary to take her away at times in order that she may sleep. In that house she is absorbed in herself and her miserable existence.

The appetite is good, the bowels regular, and the digestive organs appear to be normal. The urine is normal. There is no evidence of central disease. There is no headache, and the eye-ground is normal. She has wasted some in flesh, and lost some strength. The skin has been growing darker since she has been sick. She informs us that the menses are regular, but that the quantity is decreasing, which, in connection with her age, would indicate that she is in the menopause.

As you can judge from her answers the intellect is perfectly preserved. There is no disturbance or impairment of any of the special senses. It is quite common in melancholia, of which this is an example, to find that the patient has perfect preservation of intellect. The subject will be able to transact business and be perfectly rational on every question. We notice, in this case, that the melancholia presents the peculiarity of association with a definite spot. It is not very rare to find the depression of spirits connected with a locality. Sometimes it is a dread of a locality or topophobia, which is a word coined to express this condition. A person may be perfectly able to go anywhere with the exception of on a certain street. He has an unconquerable aversion to this street. Sometimes it is only one side of a street. It is often the case that where these persons cannot go, they can be taken without resistance. It is more unusual to have the manifestation of aversion to a dwelling, which is seen in this patient.

Another interesting fact is the insomnia which is connected with this house, and which is immediately relieved by leaving it. When she goes to another house, she states that she cannot get enough sleep. This is an unusual feature. Broken sleep is a common symptom of melancholia, and it may be one of its most troublesome manifestations, but it is somewhat peculiar to have such marked insomnia, and to have it so completely relieved by removal. I have, however, seen it in a less degree. Some cannot sleep in one room, while they sleep very well in the next room. Some cannot sleep with the bed in a certain position, but if it is moved the trouble disappears. It is unusual to find the whole spot tainted with this insomnia while all other localities are free from it.

In melancholia, it is the rule to have depression of the general health; appetite may be preserved, but assimilation suffers. The patient usually loses flesh and grows weak. Notwithstanding this the patient is often able to take a great deal of exercise, and indeed there may be, in some cases, constant restlessness, such patients being with difficulty kept quiet sufficiently long to rest them after fatiguing walks. The patient is, however, rarely able to do connected work. This woman has not exhibited this restless manifestation. She is perfectly content to remain in one spot, eyes lowered, perfectly idle, and absorbed with her miserable feelings, and going over and over the same unending chain of morbid notions.

This case also illustrates the hereditary nature of this affection. There is perhaps no other form of mental derangement which is more commonly the result of hereditary transmission than this. A tendency to melancholia runs in certain families, and for several successive generations, several members of each generation presenting this disposition. The disease is apt to make its appearance late in life, so that, although none of her brothers and sisters have yet showed this tendency, it is not impossible that some of them may yet exhibit it. In women, it is very likely to develop at the menopause, and it is at this time that constitutional tendencies in females are most apt to become prominent. This tendency to melancholia is perhaps especially apt to show itself at this time, because even in women who show no tendency to true melancholia, there is depression of spirits at this period. It is, therefore, not strange that in those who have a predisposition to the affection it should develop at this time.

In her father's case the tendency to recur, which this affection presents, was well seen. The deep gloom which has rested over the pa-

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tient for months, rendering him utterably miserable, and prompting him to self-destruction, suddenly passes away in a few hours or in a few days, and the patient will be himself again with his normal, cheerful disposition. This is of frequent occurrence. In the case of the father of this patient, the tendency was to annual recurrence, continuing over a period of thirty years. It more commonly returns at irregular intervals. The successive attacks are worse and worse, until at last the condition deepens into permanent melancholia in which the patient dies, so that the later years of a patient with recurrent intermittent melancholia are apt to be marked by permanent depression.

In some cases there are special causes which operate to produce this trouble, such as family troubles, nervous shock, business worry, or exhausting discharges. It is, however, very rare to have the affection arise as it has in this woman.

In speaking of hereditary influences as predisposing to mental derangements, I would ask your careful attention in connection with the subject of melancholia to its relation to inherited gout or a disposition to lithæmia. In a certain number of cases there is a very close connection between the two, and the development of the morbid depression of the melancholia is distinctly associated with mal-assimilation of the food and torpidity of the stomach, liver, and kidneys, or in other words with that condition which we name lithæmia. Although this term is a vague one, it is applied to that group of nutritive disturbances usually met with in the subjects of internal gout, and is doubtless associated with impaired functional activity of the great digestive organs, so that the blood is more or less altered in composition. In such subjects various nervous manifestations take place. Neuralgic conditions are frequent. In epilepsy the attacks are frequently preceded by the development of a lithæmic state, and apparently there is a spontaneously generated poison which operates upon the nervous system and produces the explosion. In the same way, there is in many cases a close connection between melancholia and lithæmia. Cases of this kind are familiar in history. The connection between this type of mental trouble and lithæmia is well worth notice in considering its dietetic and therapeutic treatment

In other instances nothing of this kind is to be found. In this patient, the melancholia appears to be dependent upon some inherited peculiarity of the organization of the brain, which, under any disturbing cause, such as the menopause, nervous shock or strain, is likely to produce this distressing condition. [The patient was removed.]

The diagnosis is extremely easy. The prognosis is always guarded. It is in this type of mental trouble that suicide is most commonly committed, and you can readily understand that in a person possessed with such feelings as our patient, isolated from her family by her miserable feelings, unable to sleep, the thought would naturally suggest itself that she was in the way, and the temptation to put an end to her existence would be very natural. This element is always to be recollected in our prognosis, and it is always to be guarded against in our treatment. Further than that, these spells of melancholia continue an indefinite time, but the individual attack nearly always passes away, sometimes abruptly. Therefore the prognosis in a case lasting a long time should not be unfavorable as regards the particular attack. We may, however, fear that it will return.

We shall encourage this patient to fight against her morbid feelings. Undoubtedly change of scene, travel, and distraction of the mind constitute most potent remedies. This patient cannot sleep in her own house, and she should not be forced to remain there. If she went away this trouble might be benefited. I should advise you to use drugs with a good deal of care and only when there are well-marked indications. Occasionally you will be forced to use remedies, such as bromides, hyoscyamus, assafœtida, and valerian, to secure rest, but as a rule, the less you use of these sedative remedies, and the more you accomplish by a change of scene, change of diet, change of occupation, and moral influences the better.

Malignant Disease of Left Lobe of Liver.—This woman is 66 years of age, and has been a hard working woman. She has led a strictly correct life. For one year past she has noticed slight jaundice. As can be seen, the skin is somewhat colored, the conjunctivæ are slightly stained, and the urine is colored with bile pigment; during this time there have been no attacks of pain in the region of the liver. The jaundice has come on gradually, and we cannot suspect that it is due to gall-stones. The jaun-

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dice has, as is usual, been accompanied with itching of the skin, constipation, and pale feces, although not absolutely clay-colored. With these, there has been impaired appetite, impaired intestinal digestion, from the absence of bile from the intestinal canal. These are the symptoms common to jaundice. There has been for some time slight pain in the pit of the stomach, and gradual, but very positive and progressive, loss of flesh. When she first presented herself, a hard tumor was found in the abdomen in the left side. This appears to be connected with the left lobe of the liver. It is slightly painful on pressure. It is the seat of the pain of which she complains. For the past two years she has had more or less pain across the back.

The jaundice which she presents is undoubtedly due to gradually increasing obstruction of the biliary ducts. The gradual and progressive development of the jaundice excludes all such causes as gall-stones and attacks of acute inflammation closing the duct by the swelling of the membrane, and by pressure and adhesion. Of the causes of gradual obstruction, the most common at this age is the gradual development of some neoplasm in connection with the liver, and pressing upon its duct.

The right lobe of the liver is not materially enlarged. Over the left lobe there is increased hardness, and the liver projects below the margin of the ribs at least two inches. This enlargement is irregular, and justifies the suspicion that there is a new growth forming in connection with the left lobe of the liver. The degree of jaundice is slight. The urine is moderately stained, but otherwise normal. These facts show that the obstruction is not complete. Some of the ducts are pressed upon, while others are patulous.

The diagnosis in this case is undoubtedly that there is a neoplasm forming in connection with the left lobe of the liver, in all probability of a sarcomatous or carcinomatous nature. The age of the patient, the progressive emaciation, and the local pain favor this view. The absence of any other satisfactory cause to explain the presence of the jaundice assists in the diagnosis. It is a well-known fact that the liver is one of the most frequent seats of the primary formation of these neoplasms. Considering all the facts in the case I do not think that the diagnosis can be open to doubt, that we have a slowly-forming growth in connection with the left lobe of the liver and pressing upon some of the ducts.

The symptoms are not urgent, the pain is not severe, and the digestive functions are fairly well performed. The treatment of this condition must of course be symptomatic and palliative. The only thing to be done here is to give attention to diet, and to administer such remedies as will assist in perfecting the digestive processes. For this patient, pepsin, with a little muriatic acid, would be suitable. For the constipation, a little prepared ox-gall with pepsin and nux vomica would be of service. It is often necessary to associate with these remedies hyoscyamus or belladonna as a sedative. In the present instance, the pain is not sufficiently severe to call for such remedies.

This case has already lasted over one year, the jaundice being a year's standing. The case is advancing very slowly. As regards the duration of the case, it is difficult to form any opinion, but I think it will continue for some considerable time. Although she has lost flesh and strength, she is not much reduced and is able to be about. The usual course of these cases is from six to eighteen months, but the freedom from pain, the comparative preservation of general health, the small size of the tumor, and its limitation to the left lobe, point to the fact that this case will be prolonged.

ORIGINAL COMMUNICATIONS.

*ON THE NECESSITY OF ORGANIZATION OF THE MEDICAL PROFESSION.**

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GENTLEMEN: I thank you for the courtesy of an invitation to be with you on this interesting and important occasion. It is an occasion which I hope and believe will mark a new era in the history of the medical profession of the grand old county of Williamson. It will be an era of departure and of progress, a falling into line, as it were,

*Delivered by invitation at Georgetown, Texas, on the occasion of the organization of the Williamson County Medical Society, January 13, 1886.

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of the body of the profession of this enlightened community in that grand march of sanitary and medical progress which is now resounding throughout the length and breadth of this broad and beautiful land, and a preliminary to which is—as in all else of progress and reform—organization. I thank you for the honor you have conferred upon me by an invitation to address you on this occasion, and, while I feel and appreciate the courtesy as a recognition of my humble labors in this fruitful field, I am yet more sensible of my inability to enlighten—nay, I fear, to even interest you. Were my ability commensurate with my inclination, or were my eloquence equal to the interest, nay, the enthusiasm I feel in all that pertains to the welfare of our beloved profession, I would gladden your hearts with a speech to-day, such as would arouse in you, too, a desire to be "up and doing." This hall should resound with stirring words, such as were wont to fall from the lips of a Houston, and should echo an eloquence worthy of a Coke or a Terrell. But, alas! "unaccustomed as I am to public speaking," my tongue cleaves to the roof of my mouth and refuses its office, while swell, like billows on the mighty ocean, the deep thoughts within my bosom! But, I apprehend, my hearers are too generous, too sensible men to expect eloquence of an editor. To write, and not to speak, is his province; and, to the best of my humble ability, each month I endeavor to lay before you a translation of such thoughts as do "swell," as just remarked.

Gentlemen, I come not here to talk, though of my "inability to do justice to the subject;" I come not here to bandy compliments, nor to indulge in commonplace platitudes, neither do I come to tell of that "grandeur of medical science," "the dignity of the medical profession," nor to sing of the achievements of the genius of medicine or surgery, for that genius which God gave to man—that subtle essence of intellectuality by which man has, in all ages, by its exercise and development, in one way and another, reached a sublimity almost divine, asserts itself as powerfully, as unmistakably in the life-work of a Sims, a Gross, or a Flint, as ever it did in that of a Franklin, a Watt, or an Eads. It shines as resplendently in the writings and in the work of a Pepper, a Carpenter, or a Gaillard, as in the brilliant and bloody records of a Lee, a McClellan, or a Stonewall Jackson.

Not alone in the still chamber of death, where, with hushed voice and stifled tread, the physician battles successfully with the "fell destroyer;" not alone in the plague "beleagured city," where "pestilence walketh in darkness," where the death-angel flaps his wing, and the devoted doctor cheerfully lays down his life in the unequal struggle, does genius illuminate and make glorious the life and character of the devotees of this divine science, but in the crash of battle, in the shock of contending hosts, where gallantly rides the proud crest of a Hood, a Wane, a Terry, or a DeBray, leading the victorious and impetuous Texans—there, too, is seen the sash of a Cupples, a Beall, or a Wooten.

I come not here to sing of the "grand achievements of medicine," nor to recount how, step by step, it has advanced from an humble calling, with its few devoted followers, to that proud eminence it to-day occupies, as a grand, a sublime science, resplendent among the kindred sciences of the world. Nor to recall the struggles of surgery, through its Parés, its Nélatons, its Grosses, and its Hamiltons, upward and ever onward from the dark domain of ignorance, to which a blind and superstitious priesthood had relegated it, on the absurd dogma that "the church abhors bloodshed"—the church, which a little while later made the streets of Paris run red, knee-deep, with the blood of the "reformers." It is a fact in history well-known to you all, that Pope Gregory XI. forbade the practice of surgery on the part of any of the priesthood, in whose hands at that period was all the learning, on the pretext that it was "sinful to shed blood." For years all the surgery was done by the barbers, who were called "leeches," as indicative of their trade, and, in addition to shaving and shampooing, they cupped, bled, and leeched; and to-day the striped pole which adorns the shop of the humblest "tonsorial artist" is a symbol of surgery's disgrace. It is equally well-known to you that the immortal Paré, who revived the practice of surgery, and made that kind of bloodshed, at least, respectable, was saved at bloody Bartholomew by especial protection of the weak and cruel Catharine, and the weaker—the Dauphin—Charles IX.

But I do come here to talk of organization; that great element of success in science as in war, and without which great things are impossible. Behold the vast chain of railroads

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and system of railroads which encircle the globe with an iron band! The mighty commerce of the world, with its fleets of steel steamships begemming every water! With what precision and success are they operated. It is only by a combination of means and minds, and thus the domination of mind over matter, that such is possible. The grandest works of all ages, and in all lands, the beautiful charities which ennoble the order of Freemasons and kindred organizations, are the result and outcome of combination and system, the handmaids of organization. And the greatest and most renowned military exploits that have ever startled the world, the gigantic engineering feats which have spanned an ocean and tunnelled a mountain, would have been disastrous failures, but for system, discipline, and combination, which wait alone on organization. A mob, a howling mass of humanity, however numerous, is powerless to cope with a squad of disciplined troops till touched by the genius of organization, when lo! great armies arise, at whose measured tread the very earth quakes and trembles.

Even so, it is the magic of organization that gives life and energy to scientific progress.

If in those days, when man was in his infancy, and science yet in its swaddling clothes, it was found necessary to organize to accomplish any desired end; if, thousands of years ago, for want of organization that most daring deed of man was doomed to failure and "a confusion of tongues" told the tale of Babel; if, thousands of years ago it was possible only by organization to build the great temple to Jehovah, an organization which endures till to day, and which, with hands clasped around the globe, is yet intact, and ten thousand times more perfect, more powerful for the advancement of science and the promotion of all the virtues, how much more necessary is it to-day, when men and methods, means and necessities have multiplied many millions of times?

On "general principles," therefore, I assert, organization is a prime necessity with mankind in every relation of life.

I have often wondered why, in a learned profession, numbering many thousands, alike in all parts of the world, a brotherhood having common interests, common sympathies, and a common mission, a life-work of philanthropy of tangible reality, should never have organized on such plan as did those who, to-day, while ostensibly building a mythical temple, are, in reality, erecting one to fame—for good, charity, and benevolence—to endure when the rock-ribbed shores of the Atlantic and Gibraltar's granite greatness shall have crumbled into the sea!

We have seen, in the harmonious working of societies, medical and others, the accomplishment of much good. Not alone for the promotion of science do we meet, but each assembling of our little society—a chosen brotherhood, into whose charmed circle only the worthy can come, estimated by that ideal standard understood and recognized by physicians, but hard to define—enables us to renew that fraternity of feeling and intellect which ennobles and beautifies the life of the physician. We meet, like harvesters, to garner up somewhat of the fruit we may have reaped amid the toils, the successes, the failures of a physician's daily life. They are regular recurring periods, devoted to retrospection and anticipation, and are a necessity in our nature—periods when, pausing, we may look back upon the shadowy fragments of the past, gathered into solemn forms of warning, or of encouragement; or look to the future, bright, but unformed, and take counsel with ourselves how best we may shape it that coming generations may know that we, too, have lived and struggled; that "some forlorn and shipwrecked brother" may recognize our "footprints on the sands of time," and, "seeing, take heart again."

The profession of medicine, the legitimate practitioners of rational medicine, should organize in every nook and corner of this great State, and cease not the good work till every worthy practitioner is enrolled upon the records of a grand State Association, which, in turn, should form an integer of a grand or national organization; like tiny tributaries, each pouring its wealth into a common stream of majority and might. In that way, every village community, every individual practitioner will be brought into accord with, and subject to, the restraints and the benefits of the central or general society, the meetings of which are full of pleasure and profit. Such meetings have been aptly compared to mile-stones along the pathway of life to show us how far we have travelled. It is ennobling to reflect that you are a part of that grand whole, so potent for good. The influence of association is magnetic. You return from a convention of your State Associa-

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tion conscious of having done some good; of having, at least, contributed your mite to the mass of medical knowledge which will go on record as landmarks for the guidance and encouragement of coming generations, with your interest in your professional work aroused, perhaps, to an enthusiasm to which fatigue and failure and disappointment have long made you a stranger, and you renew your vows to excel, and anew consecrate yourself and whatever of talent God has given you, with your best and noblest endeavors, to the cause of humanity. Who has not, returning from some such meeting, where the paralyzing routine of thought and feeling has been broken, earnestness engendered, and a fresh impulse given to action, forgotten, for the time, the tedious night vigils; the death-bed scenes, where science has stood, with drooping pinions, powerless before the grim destroyer; the long, dark, dangerous night-rides; the pitiless storm, and the colder charity of a thankless clientèle?

It would be tedious to enumerate the reasons why the medical profession should be thoroughly organized. Every other class of people on the face of the globe, in every civilized country, are organized for mutual protection, interest, assistance or defence, or for the purpose of advancing some cause or calling.

In addition to the few reasons which have been thus faintly suggested, might be mentioned that for mutual defence and assistance. The medical profession seem to have few rights which any feel obliged to respect. It does seem to me that one right that educated medical men have, or should have, is the right to be protected from bastard competition. You who have invested your means, time, labor, and the prime of your youth to acquiring knowledge which shall fit you for the exercise of your high and responsible calling, are compelled daily to encounter the competition, in the struggle for bread and butter, of those who have invested neither money, time, nor labor in the pursuit of medical or other knowledge. But the hope of relief is Utopian at present.

Another right which is trampled under foot is the right to demand and receive your fee for an opinion on the witness stand. You are summoned as a medical witness, and put on the stand. You are asked to tell, not what you know, but what you think. Your opinion is thus extorted from you under penalty for refusal. You are in no sense a witness; a witness testifies to facts—what he knows. If an ordinary witness dares to say "I think," "I believe," "It is my opinion," he is hushed up, and told his opinion is not wanted; that he is put there to tell what he knows. But you, gentlemen, are made to give an opinion in a matter of no moment to you, but of much to another; you are subject to the galling cross-examination of insolent, upstart attorneys; subject to be taken from your office, your practice, your family; detained, perhaps, in attendance on court for days, and being called a "witness," you are paid, if anything, a dollar and a half a day. I say it is an outrage, and should not be submitted to. Yet every effort to secure a law to meet the requirement has failed for want of unanimity of thought and action on our part; because the demand has not been made as the sentiment of an organized profession.

There is still another, and a most urgent reason why we should organize at once and completely—and as pronounced as are those hinted at, that of which I shall now speak is of more vital importance, perhaps, than any—to procure needed legislation in the interest of the public health.

That physicians, individually and collectively, true, conscientious, self-sacrificing physicians, are not appreciated, alas, we all know too well. It is only a physician himself can appreciate what a physician is, and should be, and what his life is. He can look back upon his profession ever advancing with the circling centuries; can contemplate with pride its record, emblazoned with the genius that in every age has added to its treasures; can behold it, great in great names, grand in grand achievements, and can appreciate the surpassing beauty of its principles of charity and beneficence. He can realize, as none others can, that there is no calling or profession, no business in life, save that alone which deals with man's eternal and immortal interests, embodies in its nature and workings so much that is good, so much that is useful, so much that is honorable, as the science and practice of medicine. And though no laurels be entwined in the presence of applauding multitudes, yet to its devotees belong a fame far more enduring. "By the lone couch of suffering, in the still hour of night, when the world's great eye sees not, and its ear is shut, there, with the tears, the sorrows, the gratitude of helpless

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ones, the faithful physician's crown is begemmed and sanctified." The world knows not these things, and for shame be it said, when we come, earnestly and conscientiously, actuated by the purest motives, in the interest of a suffering and outraged humanity, and ask that the State interpose its strong arm, and save its people from the ignorant pretender and the mercenary fraud, lo! we are accused of "interested motives," and of wanting "protection for ourselves." Mounts the hot blood of indignation to crimson the cheek of every physician at the intimation of such an insult!

It is not very creditable to the medical profession of Texas that, as numerous as are its members as a class, though composed of men of more than ordinary intelligence, and of better education, they have so little influence. This is partly due to the fact, as just stated, that the laity have no conception of the labors, the sacrifices, the charities, the beneficences of a physician's life, nor of the great responsibility he assumes in dealing with life and death. Neither do they wot of the danger of a daring and ignorant pretender; but, in my judgment, it is more due to the want of concert of action and thought on our part—the want of organization.

Texas was a long while a border State and a frontier people, a place of refuge for all kinds of malefactors, and was characterized rather by a want, than by a wealth of civilization. It is not a matter of surprise, therefore, that the medical profession to-day is, from the force of circumstances and association, of a very heterogeneous nature. In addition to our own supply of ignoramuses and irregulars, we have within our borders the refuse of neighboring States, who, driven out by the enforcement of stringent laws on the subject of medical practice, have sought refuge on these hospitable shores—in this land of gigantic liberty and "do-as-you-please." Here we have the homœopath in all the luxuriance of his hot-house growth, loaded with mustard-seed shot for all game; see him swell with a "how-we-apples-do-swim" air—the prince of charlatans!—with his smooth tongue, devious ways, and infinitessimal nothings, aping the physician! Here, too, is the hydropath, the all-paths, and the no-paths, and the any-and-every-pathy-that-mit-pay, is here. The physio-medical fraud blossoms out serenely, and pretends that *he* is a physician. Then, there is the Simon-pure "quack" who knows he's a a quack, don't pretend to deny it, and does not pretend to be anything else but a quack. He is perhaps the most respected, or rather the less contemptible, of any of them, for these first named add hypocrisy to their other sins; and last, but not least, we are blessed with that rare bird the so-called "faith doctor;" but where the "faith" comes in we can't see, as he professes to rub disease down, down, beginning at the top, till he gets it all finally concentrated in the toe, then he "cunjures" it out, we suppose, or amputates the toe, at any rate he dupes his dozens a day for a dollar each, and drives a thriving business in the "rubbing" or "rubber trade." But, gentlemen, the worst of all is the abortionist, that vilest, most execrated of all God's creatures (if God did make him), he who sets a price on the life of an unborn babe, and takes pay for destroying it! He flourishes elsewhere than in the slums; he is heard of "up-town," sometimes. And yet, gentlemen, we see and know these things as no one else does, and fail to bring them to the bar of justice, for fear of having our motives impugned as they surely would be! Aye, by our tolerance of this state of things, the people look upon us all alike—regarding these as our competitors—and, indeed, by our inaction, we give consent to be so considered. We see them pocketing money for what we would not touch with a pair of tongs, and, by and by, with plenty of money they do attain a kind of respectability; do become, indeed, formidable competitors in the struggle for existence, and the *un*-"fittest survive."

Would we be considered one of these fellows? God forbid! Then, our only remedy and recourse is behind the bulwarks of organization; to come out and declare to the world that we are physicians, practitioners of the science of rational medicine, and versed in its grand truths; that we have, within our own hearts, taken the Hippocratic oath, and have laid upon the altars of medicine the free-will offering of our life's services, and whatever of talent we possess, devoted heart and soul to the accomplishment of good and the relief of suffering.

Let all who feel that they wear not unworthily the mantle of the brotherhood speak and declare themselves, that by a perfect organization of the profession all over the State into

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societies the people of Texas may know who are and who are not physicians: and when that glorious day shall dawn, which so surely as to-morrow's sun will rise, it will come, when the profession of Texas, organized in every remote section of this favored land, shall send up the flower of its intellect as delegates to a grand State association; then, and not until then, will we ever be able to secure the co-operation of the people in the passage of a law for their own protection, for no matter how urgent may be the necessity for such law—or a law for the suppression or abatement of some sanitary evil—so long as we are without organization so long will we meet with refusal and disappointment in our appeals to the Legislature.

Contrast our great State, great in all save sanitary and medical progress, with some of our sister States, and let us see how far behind Texas is in such matters. Already Illinois, Tennessee, and some other States are famous for the quantity and quality of the sanitary work so far accomplished. The law regulating the practice in Illinois has had the effect of causing many colleges to raise their standard of education in addition to purifying the State of incompetents. Thus by the activity of neighboring States, and by our failure, we suffer doubly—we have their share of the chaff. In those States failure attended their first efforts, and these laws, now so salutary to their people, were only procured after and directly in consequence of organization. In those States the profession is a unit, and when they speak the Legislature heeds, for it is no longer the voice of one man, or of one part of the profession, but that of a powerful, organized body of intelligent, thinking men, and it is the magic of organization that gives them the dignity to command the respectful ear of the assembled Commonwealth. True, Texas has a State Association, but as good as has been its work, as commendable as have been its efforts at medical legislation, it at present numbers less than ten per cent. of the members of the profession of the State, and I speak by the book when I say that the effort of last year was killed by our men and friends, and it was only by reason of the fact that those who opposed the particular bill which was presented were not members, were not in accord with the association, for the sequel proved that these gentlemen, who were reported as opposing medical legislation, were, in reality, petitioning for the passage of a bill far more thorough and sweeping in its scope than the committee believed it expedient to ask for in any hope of securing its passage. I repeat, organization is not only advisable in order to collate and make available as statistics the abundance of valuable experience and observation of the many qualified practitioners of Texas, but it is absolutely necessary, if we ever hope or expect to place our State in the foremost ranks of sanitary medical matters; if we ever hope or expect the medical profession to obtain recognition as an integer of the State government, or to have a voice in the enactment of sanitary or any other laws for the protection of the health and lives of the people; for, although, as stated, physicians are everywhere respected, are, as a rule, better educated, and socially stand higher than the average citizen—a certain amount of deference being everywhere shown to our calling, which ranks next that of the man of God—I tell you, for lack of concert of action, for want of a "pull-all-together," they are as powerless to influence legislation for the public weal as is the humblest, untutored son of the soil. Our recent experience proves this, and hence I am glad to be with you to-day in this initiatory work. I am proud to know that the good county of Williamson has caught the slogan note of reform, and has so gallantly wheeled into line. Thorough organization can be accomplished only by such beginning. Organize your society if you only enroll half a dozen good men. Meet regularly, and endeavor to make your meetings interesting, adopt a constitution and by-laws, and live squarely up to them. Diffusiveness is a potent factor of disorganization, a disposition to prolixity of detail to wander from the subject or point under discussion. Do not allow any discussion out of time and place. Observe strict parliamentary rules, and do all things by rule and time. Appoint an essayist at each meeting, whose duty it shall be at the next to read an essay or report on some topic connected with the science and practice of medicine. Give notice to the members what the subject will be, so that if any member feels incompetent to participate in an extemporaneous discussion of that subject he may read up. In that way you will find habits of observation, and study will be established, and a spirit of emulation will be engendered. Limit each participant in a debate to so many minutes. By the observance of these things you will find

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your meetings will increase in interest as the society grows in numbers and in years; they will be a source of profit, too, to your younger members, and, by the by, none of us are so wise that we may not learn something from our neighbors. Invite the older and more experienced to report cases, exhibit and describe pathological specimens. In April the State Association meets at Dallas. Each county society is entitled to one delegate for every five members or fraction of five. Be prepared when the time comes to elect yours, and I advise you to send your best men if possible. Should you at any time have before the society any subject or paper which you think would benefit or interest your brethren—and many are cut off from such intercourse as you will enjoy—send a copy to the Journal for publication, and let me assure you you will ever find in its editor a cordial sympathizer who will watch your career with a friendly eye.

In conclusion, you have cause to be proud of your county. Foremost in the glorious cause of education, her university sheds lustre upon you and upon your people, as well as credit upon the State of Texes. Rich in agricultural industries and resources, she stands conspicuous in the annals of the State. Does she not expect something of her "wise men"? Strive, then, I beseech you, that the cause of medicine—the bride of your mature manhood—to whom you have not only consecrated your vows, but have wedded your lives, shall advance, *pari passu*, in the march of civilization, and keep step to the music side by side with her other institutions, and, as "tall oaks from little acorns grow," may the genial sun of prosperity, now peeping over the horizon with the dawn of the new-born year, warm into vigorous life this "germ" of organized medicine, and stimulate its growth and development till it shall become, what I predict it will be, if you will but cherish the precepts I have endeavored to inculcate, the "Banner Medical Society" of "The Empire of Texas."

ANOTHER SPECIALTY.—An ambitious and enterprising Philadelphian has joined the noble army of specialists, and announces that his specialty will be hydrophobia. But, as this department of medicine is still in embryo, and as he is not quite ready to dispense altogether with the general practitioner, he announces that "the rules of professional etiquette will be strictly observed."

THE USE OF SUTURES IN PERFORATING WOUNDS OF THE SCLEROTIC.

BY M. LANDESBERG, A.M., M.D.

PERFORATING wounds of the sclerotic have always been considered, and justly so, as among the most serious injuries which may befall the human eye, mostly on account of the frequent occurrence of prolapse of the ciliary body and the vitreous, which so often lead to cyclitis and hyalitis, with all its fatal consequences. The prognosis in such cases is always unfavorable in regard to the injured eye, and doubtful in regard to the safety of its fellow; in the latter instance on account of the impending danger of the sympathetic ophthalmia. In view of these facts, competent oculists, especially of the English school, do not hesitate to advise instant excision of the injured eyeball, in which the wound passes through the ciliary region, their only aim being, in this sad state of affairs, to secure the other eye from mischief.

The usual treatment in perforating wounds of the sclerotic has always been a protracted and tedious one, taxing severely the patience of both the patient and the physician. Confinement to bed, antiphlogistic measures, and compressive bandages have been regarded of supreme necessity, from which any deviation would seem to bring its own punishment. The application of sutures in wounds of the sclerotic is a more recent venture in ophthalmic surgery, and it has generally been resorted to only in instances of clean and slightly-gaping wounds of the membrane. Lacerated, ragged wounds of the sclerotic, complicated with protrusion of iris or vitreous, especially if situated near the region of the ciliary body, are still considered, on the whole, as a *noli me tangere*, as any surgical interference may only produce greater trouble. I was induced, as far back as 1871, from sheer despair, to apply sutures in a case of lacerated wound of the sclerotic, with prolapse of vitreous, in which the patient had flatly refused regular treatment. This was the case of a man, who came to me a few hours after he had received injury to his left eye—the only one he had. Outwards from the insertion of the external rectus, there was an irregular, gaping wound of the sclerotic, with jagged edges, running from below upwards. Vitreous protruded, keeping apart the edges of

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the wound. Eyeball was soft; perception of light only dim. On the second day after admission to the hospital, the patient would not submit to any further application of the compressive bandage, and demanded his discharge on account of business obligations. In this emergency I proceeded as follows: I detached widely on both sides of the wound the conjunctiva, drew one flap of the latter over the gaping wound of the sclerotic, so as to cover both the wound and the prolapsed vitreous, and united it by sutures to the other flap of the conjunctiva. I did not dare to place a suture in the sclerotic itself, for fear of the considerable traction which would have taken place by the closure of the broad wound with its ragged edges. Recovery was rapid and complete, notwithstanding the patient had reassumed at once his trade of peddling, exposing himself to all injuries connected with the latter.

In the last nine years I had occasion to use sutures in eleven instances of perforating wounds of the sclerotic. The wound was not complicated in seven instances, and involved prolapse of iris, of ciliary body, and vitreous in the others. Of the former, the injury was caused by a penknife in three cases (in one case outside from the insertion of the inferior rectus, and in two cases of the inner corneal margin); in two, by a piece of broken glass (along the insertion of the external rectus); in one by a shoemaker's awl, and in another by a pointed, dagger-like hair-pin. In the last two instances, the wound extended from the inner lower quadrant of the sclerotic to and beyond the lower border of the cornea. The edges of the wound were ragged in three cases.

In the four uncomplicated cases, perfect recovery was obtained by the application of catgut sutures through the superficial layers of the sclerotic and through the conjunctiva, in combination with an antiseption monoculus, although patients were allowed to follow their out-door occupations. In three instances of lacerated wounds, treatment consisted in confining the patients to bed, in applying catgut sutures through the conjunctiva, and in closing the eyes by a compressive bandage. Two made a good and permanent recovery. In the patient, however, who received injury by the dagger-like hair-pin, irido-cyclitis developed six weeks after he had been discharged, leading ultimately to serious impairment of vision.

The history of the four complicated cases was briefly as follows:—

CASE I.—A boy, 12 years of age, came under my notice about eighteen hours after he had been struck upon his left eye by a splinter of wood. The eyeball was soft and congested; the conjunctiva œdematous, the pupil contracted; the anterior chamber contained a small hemorrhage. The sclerotic showed a lacerated wound of about 5''' in length, which ran in an oblique and tortuous direction from the lower outer sector to the corneal border; ciliary body and vitreous protruded between the ragged edges of the wound. Vision was reduced to quantitative perception of light. On applying atropia the pupil dilated but slightly. Background of the eye could not be seen. I cut off the protruded part of the ciliary body, which was followed by a loss of a few drops of vitreous, and closed the wound by catgut sutures, laid through the conjunctiva only. No reaction followed, and there was a speedy recovery. At discharge from treatment vision was $\frac{5}{40}$. Vitreous contained fine, filiform opacities, and retina was engorged. In the further course, vitreous cleared up entirely, and vision increased spontaneously to $\frac{5}{20}$. This condition remained unchanged during a further observation of five years.

CASE II.—A laborer, 23 years of age, was stabbed in his right eye with a pointed knife. About ten hours later I ascertained, at the inner, lower quadrant of the sclerotic, a lacerated wound, involving the cornea up to the pupillary region. Iris protruded from the corneal wound, and vitreous from that of the sclerotic. Lens was opaque; eyeball soft; quantitative perception of light very doubtful. There was a gash on the inner side of the nose, and a penetrating wound of the lower lid.

Patient had been advised in two eye dispensaries to have the eye removed at once.

During my attempt to cut off the prolapse of iris, the lens substance freely escaped through the corneal wound, and the prolapse of vitreous increased. The latter was also cut off close to the sclerotic wound, and the latter united by two catgut sutures, leaving alone only the middle part of the wound, where the loss of substance was the largest. Then I loosened the conjunctiva on either side of the wound, drew the flaps over the latter, and united them by catgut sutures. No sutures were applied to the cornea. Under atropia and compressive

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bandage, the eye made a good recovery. The secondary cataract, which remained after absorption of the lens had taken place, was subsequently operated upon by dissections with the effect to bring vision to $\frac{10}{70}$. The result remained stationary.

CASE III.—A ten-year old girl received an injury to her left eye while playing with a penknife. When called, two hours after the accident, I found a longitudinal, gaping wound of the sclerotic, running from the insertion of the inferior rectus to and beyond the corneal border, with prolapse of iris. Irritative symptoms were but slight. Vision, as far as could be ascertained, was fair. I cut off the small protruding piece of iris, united the scleral wound by catgut sutures, without making the least traction, and covered the wound by conjunctival flaps. Under atropia and compressive bandage, my patient made a speedy recovery, with reëstablishment of full sight. Background of the eye was normal. This favorable condition kept on for about eight months, when cyclitis developed, which ultimately led to total blindness.

CASE IV.—A 39-year old laborer came under my notice seven hours after he had suffered injury to his right eye, with the following condition: Penetrating wound of the lower lid in its inner third; lacerated wound of the sclerotic, running in an oblique direction from the caruncle to the lower margin of the cornea, with prolapse of iris and ciliary body; eyeball soft; conjunctiva chemotic; anterior chamber full of blood; only quantitative perception of light. I cut off the prolapse, and brought together the edges of the sclerotical wound by catgut sutures. The wound of the lower lid was stitched up with silk and silver-wire sutures, and a monoculus applied to the eyeball. The after-treatment was out-door and irregular. The patient returned to his work the same day of the injury, and presented himself at irregular intervals only. But no reaction whatever took place, and the wounds closed very rapidly. The lens remained transparent until the second week, when opacity developed, which rapidly led to cataract. Quantitative perception of light and projection remained intact. There was no change in the condition during a further observation of two years.

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ON THE TREATMENT OF HABITUAL CONSTIPATION.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S.,
Resident Medical Officer, French Hospital, London.

THE treatment of habitual constipation is one of the most ordinary, and, at the same time, one of the most important and puzzling problems in clinical practice. It is the common fault of the greater proportion of the numerous remedies in the therapeutic arsenal, employed with this object that they either produce too rapid, too violent, or too drastic an effect; that they are either weakening in their after-result, or that they will not produce their characteristic effects through any lengthened period of time. One of the first and commonest impediments to the use of drugs in the treatment of habitual constipation, is that the use of aperients in such cases, even when effectively employed in the first instance is apt to produce a reactive effect in the opposite direction, and it is the commonest difficulty in the treatment of cases of the kind, that either medicines so potent need to be used as to cause injury by weakening the patient, or by depressing him so that, however successful the treatment may be in the beginning, it ceases to be effectual after a short time has elapsed, and often ends in producing results which are to be deprecated as more injurious than the conditions which the treatment was intended to remove. To overcome this difficulty many artful and ingenious combinations have been made. The number of aperient pills, the complicated products of the ingenuity of experienced practitioners, is endless, and there are very few physicians far advanced in life, who have not at their fingers' ends a series of complicated formulæ, in which remedies of the most diverse and often of the most opposite character, are harnessed to the pharmacological car, and made to pull in so many different directions that it is difficult to say to which element in the mixture the good or bad effect is to be attributed. The very number and complication of these specifics, and the varying and excessive popularity of the more heterogeneous compounds of empirical remedies, indicates at once the complexity of the problem, and the difficulty of its solution.

It is not surprising under these circumstances that of late years practitioners have looked more and more to those medicinal waters which nature

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has supplied from her own laboratory, and in which simple purgative elements are found, of which the physiological working can easily be investigated, and to which clinical experience can resort without fear of being blinded by the complexity of the elements. Those which have attained the greatest vogue are the waters which are especially characterized by a very large percentage of sulphate of magnesia, and sulphate of soda, which are familiarly known throughout Germany as "bitter waters;" the best known being Pullna water, Hunyadi Janos, and Friederichshall.

There are also some Hungarian waters more or less extensively used, most of which belong to the same type, such as the Æsculap and the Victoria (Offner). All these waters owe their undoubted efficacy more especially to their richness in the aperient sulphates, and it appears from the results of clinical experience to be in excess of that which can be obtained by artificial compounds presumably of similar composition, to all of which, indeed, the objection stated above applies, viz., that their physiological and therapeutical activity becomes impaired by continuing use.

Recent researches, and especially those of Professor Matthew Hay, of Professor von Mering, of Strasburg, and others, have shown that this defect in the natural solutions of the aperient sulphates is largely corrected when they are combined with the chlorides. The chlorides have been shown to be extremely effectual, not only in aiding diffusion changes, but also in stimulating intestinal action. These observations have caused renewed attention to be given to the clinical observations of the earlier physicians of this country and on the Continent, in the use of that which is, perhaps, the oldest and best known of the aperient mineral waters, viz., Friederichshall water. Von Mosler ascertained by careful clinical observation and physiological experiment with Friederichshall water, that it not only has valuable and considerable laxative powers, but that it does not affect or disturb the general health, and that it increases the appetite. He found also that small doses do not diminish the weight of the body even when continually used, and that it has a remarkable effect in causing an increased secretion of urea. To the ordinary aperient effect of the sulphates, it adds a considerable power of promoting tissue change, and Sir Henry Thompson has confirmed the conclusions of other clinical observers that this water, which has been too little regarded in this country, has the especially valuable characteristic that, instead of its being necessary to administer it in increasing doses as the patient becomes accustomed to its imbibition, the dose may, within certain limits, be progressively diminished, and when left off it does not entail any tendency to constipation. With these facts before me, I have lately employed Friederichshall water in practice, and have used it somewhat extensively at the French Hospital, with results which seem to me so encouraging that I desire briefly to place on record some of the observations which I have made.

In one series of cases I employed it simply as a corrective of habitual constipation. I administered it in doses of from half a tumbler upwards, taken early in the morning, and combined with an equal proportion of hot water, this being the most effectual method of administering the water for this purpose. I used it largely for persons of both sexes, and it seemed to be especially advantageous as a mild laxative, exceedingly well fitted for all ordinary cases, and this more particularly for persons of delicate constitution, for women, and for all other persons in whom the object is to produce an aperient effect, which should not be too drastic, nor productive of constitutional disturbance. It is often a great object to be able to produce a distinct laxative impression without disturbing the digestion or interfering with the ordinary daily occupation of patients engaged in business pursuits, and by no other means have I succeeded so well as with this particular water.

THE USE OF THE HYPODERMIC SYRINGE IN TYPHOID FEVER.

BY A. MARCY, M.D.

I DESIRE to briefly call the attention of the profession to the use of this much-abused instrument in the treatment of typhoid fever. I say much-abused, because I have heard of those who refuse to use it for the relief of pain, because of a tendency in certain chronic cases for the patient to take the matter into his or her hands, and thus endanger their health and form a dangerous habit. Certain instrument makers in Philadelphia have remarked to me the frequency of its use by ladies suffering with neuralgia, whose sensitive nerves made

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them frequently send needles to them to be sharpened, to lessen the pain of puncture, and thus betraying a habit which all right-minded physicians would strive to prevent. This only shows how easy it is for doctors to allow one of the most important means of relief to become an instrument of evil, by not keeping it under their own control.

With this introduction, I proceed to a fuller delineation of the subject in hand. Years ago I became impressed with the great advantage to be derived from this method of medication in all forms of collapse, or approaching collapse, having been impelled to use it in the cholera epidemic in 1866, when the depressing effect of the blood poison, whatever it may be, induced this condition without any corresponding frequency in the number of discharges from the bowels or severe pains to make it. Indeed, as observed by myself, the depression came so suddenly and so completely, that in most instances the terrific cramps and numerous dejections of earlier epidemics, were frequently wanting. I suppose phenomena so universally observed by myself must have been common to those engaged in active practice at that time, and I can recall instances during that epidemic in which the hypodermic method of treatment not only brought relief to intense suffering, but tided the patient over the point of fatal collapse, and resulted in recovery. The experience of that period in the use of such drugs as morphia, strychnia, atropia, and chloral, induced me to look upon this method as one of the greatest importance in all cases where through sudden and violent depression of the nervous system, whether by blood poison, exhaustion, or shock of a traumatic origin, stomachic absorption had been impaired, in common with all the other vital functions.

Now, every one knows who has had any experience in typhoid fever, that at some period of the disease, either through the various complications that may arise in the course of the disease, or perhaps by the exhausting effects of long-continued high temperatures, say from the fourteenth to the eighteenth day, there is apt to be more or less disposition to collapse of the nervous and circulatory systems. I know of no way in which this can be met more readily and successfully than by the administration hypodermatically of strychnia alone or in combination with digitalis.

Even earlier in the disease, when subsultus and other evidences of prostration make one feel the necessity of using arterial and nervous stimulants by the mouth, I have often found great advantage from the use of the same remedies hypodermically twice in the twenty-four hours, in doses which would seem almost hazardous. I have frequently given from the sixteenth to the twentieth of a grain of strychnia night and morning in this way, while giving the same drug in other combinations by the mouth in the usual doses, and with the usual frequency. When the heart's action is uncommonly feeble, ten to fifteen minims of the tincture of digitalis should be given in addition every night and morning.

The advantages of the hypodermic method of medication in these cases is, first, to produce a sudden impression of an arousing character upon the nervous system, and through it upon the circulation. Second, to allow the digestive organs to proceed undisturbed with the functions of digestion and assimilation.

It is not my purpose to speak in this paper of the wonderful results seen in actual collapse, whether of traumatic or other origin, as my design has been to bear testimony to the therapeutic value of this method of medication in typhoid fever. But I will only add that the same general principles of treatment have given me the greatest satisfaction in many, many instances of that kind. It will not be amiss to state here that there is no necessity to be too timid in regard to dose. From the sixteenth to the thirty-second of a grain of strychnia can be given twice daily, at intervals of ten to twelve hours, according to the severity of symptoms, and temperament and age of the patient; and while remembering the usefulness of the hypodermic method of administration, not by any means to lose sight of the usual and general plan of treatment as each case may require.

The writer feels confident that he has seen life saved many times when death appeared almost inevitable, by assisting the general plan of treatment in this way.

THE City of Paris has lately appointed a lady as medical examiner of girls throughout the local schools. It will be her business to see that the girls are not overworked, and that they get through their studies under sanitary conditions.

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PESSARIES IN THE TREATMENT OF UTERINE DISPLACEMENTS.

BY J. R. JACKSON, M.D.

ABOUT two years ago I read an article in a medical journal, written by Dr. Fitzgibbon, of London, England, on the above subject. In that article he especially recommended Dr. Herrick's pessary, and his theory of treating displacements of the uterus. At the time of reading his article, I thought perhaps the writer was unduly carried away with a to him new thing. Still I was quite favorably impressed after reading his paper, for the theory looked to me as being nearly correct. That theory, as I remember it, was that all displacements of the uterus backward were always preceded by prolapse, and that the uterus in descending simply followed the different pelvic straits; and when the prolapsed uterus was in or at the lower strait, the fundus of the organ must be in a condition of retro-version, as the *os* must be somewhat higher than the fundus at that point. Every physician will, I think, agree with me, that the *os*, if it protrudes at the vulva, must be somewhat elevated in order to follow the curve of the pelvic cavity. If this point is conceded, then the theory seems rather plausible. The article before mentioned claimed that to overcome such displacements the uterus must be elevated to its normal height and held there; also that the pessary should make pressure against the *anterior* portion of the uterine neck instead of against the *posterior* of either the neck or fundus; in other words, the pessary should push the uterine neck *upward* and *backward* toward the hollow; or, better still, the promontory of the sacrum; and, if the pessary held the uterine neck in that position, the fundus must stay forward towards the bladder, or the laws of gravity be reversed.

Soon after reading Professor Fitzgibbon's article I went abroad, visiting the colleges and hospitals of London and Paris while away. To my surprise I found quite a number of these pessaries in use in both places. Of course, there were other American pessaries in use there, such as Hodge's, Cutter's, Thomas's, and others, but, I think, quite as many of Herrick's as of either of the others. I asked some of the physicians using them how long they had been in use there, to which they replied "only a year or two," and gave as their reason for preferring them, that they thought the theory the pessary worked on was the most nearly correct of any in use; and they then asked me if the instrument was used much in America, and what our American doctors thought of the pessary and the theory of application. I must confess I was a little ashamed to tell them I did not know what American physicians thought of an American pessary, so I got out of it by saying, "The instrument was quite a new one, and had not been thoroughly tested yet, but the physicians who had used it thought very well indeed of it." My attention being thus drawn to this pessary, I have given it a thorough trial since coming home, and have been able to hold the uterus in place with it in cases where I had utterly failed with all other kinds. The theory of Dr. Herrick, the inventor of this pessary, is that all forms of retro displacements are but different degrees of prolapse, excepting, of course, accidental displacements from falls or other injuries where the uterus is suddenly thrown into a retro position. But all cases which come on as the result of weakening of the natural supports of the uterus, such as laceration of the perineum, want of tonicity of the vaginal walls, or but involution of the uterus, where that organ is too heavy for the weakened vagina and ligaments to hold it in position, both he and Professor Fitzgibbon, in the article before referred to, claim, are but cases of prolapse originally. The results obtained here by myself and others in the use of this pessary, and the experience in London and Paris of capable men, surely point to the truth of the theory advanced by the inventor.

Foreigners are not apt to take up any new thing originating in this country, unless they have exceptionally strong evidence of its utility, and I am free to confess that it was their notice and indorsement that first led me to fully recognize the merits of instrument and theory.

I could give the history of fifty cases treated by this plan and with this pessary with the most happy results, where many other pessaries of the most approved make had failed, both in my hands and in the hands of other physicians, but each case would be but a repetition of the other.

I will simply say in conclusion, that I do not know either Dr. Herrick or Professor Fitzgibbon, and have not the slightest interest in them or the pessary in question, but I simply write this article to call the attention of the medical

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profession to what I consider a discovery in the treatment, mechanically, of uterine displacements, and surely any discovery in that direction should be welcomed, for mechanical treatment of that trouble heretofore, if not actually barren of results, has been near enough so to make many physicians quite skeptical as to the good to be obtained from the use of pessaries.

THERAPEUTIC NOTES.

CROUP.

Professor N. S. Davis points out that the treatment of all forms of croup must be directed to accomplish three objects, namely, to lessen the morbid sensibility or irritability of the inflamed structures, to lessen the congestion or vascular fulness of the early stages, and to hasten the disintegration and removal of the exudation which occurs in the later stages of the disease.

All of these indications can be fulfilled in the mild or superficial form of the disease by the administration of the following prescription:—

℞. Syr. ipecac. . . . . ℥iv.
Syr. scillæ comp. . . . ℥iss.
Tinct opii. camph. . . ℥ij.
M. Sig.—Half teaspoonful every three or four hours.

If the skin is hot and dry and the urine scanty, the patient should also be given a grain of calomel to be followed in three or four hours with a saline laxative.

In more severe cases in which the inflammation involves the mucous membrane more deeply, and by producing considerable tumefaction interferes with the entrance of air into the lungs prompt relief is necessary. When called to a case of this kind, Professor Davis invariably administers two or three grains of turpeth-mineral, which seldom fails to produce free vomiting in from fifteen to forty-five minutes. If it fails to do this he repeats the dose at the end of forty-five minutes. After the child has vomited freely it should be placed upon the preceding anodyne and expectorant mixture, and its bowels opened by calomel and salines.

If the paroxysms of dyspnœa and coughing again become severe, the same emetic should be re-administered and the throat kept covered with cloths which have been dipped in an infusion of aconite leaves. In robust children a few leeches may be applied to the neck during this stage with decided benefit.

In the membranous variety the treatment should be conducted upon the same principles, but pursued more energetically, especially in the early stage. A prompt local bleeding by leeches, and free vomiting by the subsulphate of mercury should commence the treatment, and be followed by a cathartic dose of calomel and bicarbonate of sodium. Then the anodyne expectorant mixture, previously mentioned, should be given alternately with alterative doses of calomel combined with nitrate of potash every one or two hours. The emetic should be repeated in from three to six hours, according to the degree of dyspnœa, and the pharynx and larynx should be sprayed every hour with a solution composed of thirty minims of dilute lactic acid and three ounces of water. If these measures prove ineffectual to give relief, tracheotomy should be performed without delay.

In all cases the temperature of the room should be kept at about 70°, and the atmosphere rendered rather moist.

In some cases where medicinal measures have given partial relief but the disease lingers for days, one or more small blisters may be applied over the larynx with benefit. Cases occasionally occur in which, after the acute stage has passed, there remains a harsh, croupy cough, with sufficient tightness in the larynx to indicate that the tumefaction of the mucous membrane is subsiding very slowly. In such cases Professor Davis usually orders:—

℞. Potassii iodidi . . . ℥iiss.
Tinct. sanguinariæ . . ℥iv.
Syr. scillæ comp. . . . ℥iss.
Tinct. opii camph . . . ℥ij.
M. Sig.—One teaspoonful every four hours.

In localities where periodical or malarial fevers prevail, the following prescription may also be given during convalescence:—

℞. Tinct. capsici . . . . ♏x
Quinia sulphatis . . . ℥ss.
Acidi hydrochlorici dilut. . ℥ss.
Syr. glycyrrhiza . . . ℥ij.
M. Sig.—One teaspoonful three times a day.

FUNCTIONAL IMPOTENCE.

℞. Strychnia sulphatis . . gr. j.
Tinct. capsici . . . ℥iss.
Tinct. cannabis ind. . . ℥ij.
Ext. damiana, fl. . . . ℥iss.
Ext. erythroxali, fl. . . ℥iss.
M. Sig.—One teaspoonful three times a day.

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CEREBRO-SPINAL MENINGITIS.

Professor N. S. Davis recommends—

℞. Tinct. physostigmæ . . ℥iss.
Ext. ergoti, fl. . . . ℥iiss.
M. Sig.—One teaspoonful every two or three hours.

NERVOUS COUGH.

Professor Bartholow frequently orders—

℞. Acidi hydrocyani dilut. . . ℥j.
Tinct. sanguinariæ . . ℥ss.
Syr. senegæ . . . . ℥iv.
Aqua lauro-cerasi . . . ℥vij.
Syr. tolu . . . . ℥ij.
M. Sig.—From ten drops to a teaspoonful every four hours according to the age of the patient.

IRRITABLE HEART.

℞. Tinct. pulsatillæ . . . ♏xx.
Tinct. veratri viridi . . ♏xl.
Ext. chimaphilla, fl. . . ℥j.
Syr. limonis . . . . ℥ij.
M. Sig.—One teaspoonful before meals.

AMENORRHŒA.

℞. Tinct. capsici . . . ℥iss.
Tinct aloes . . . . ℥j.
Ext. hydropiper, fl. . . ℥ij.
M. Sig.—One teaspoonful after meals.

CHRONIC PNEUMONIA.

Professor DaCosta recommends the frequent application of small blisters combined with the persistent continuous administration of—

℞. Liq. potassii arsenitis . . ℥ss.
Ammonii iodidi . . . ℥ij
Tinct. cinchonæ comp. . . ℥iij.
M. Sig.—One teaspoonful three times a day.

ACUTE PLEURISY.

℞. Tinct. aconiti rad. . . ♏xx.
Morphia sulphatis . . gr. j.
Ext. ipecac, fl. . . . ♏xv.
Spts. ætheris nitrosi . . ℥j.
Aqua . . . . . ℥j.
M. Sig.—One teaspoonful every hour.

CHRONIC CONSTIPATION.

Dr. L'Heureux Blenkarne (British Medical Journal) has obtained excellent results in this obstinate affection from—

℞. Tinct. nucis vomicæ. . . ℥ij.
Tinct. colombo . . . ℥iv.
Ammonii carb. . . . ℥ss.
Spts. chloroform . . . ℥iss.
Decoct. aloes comp. . . ℥j.
Aqua camphoræ . q. s. ad. ℥viij.
M. Sig.—Two tablespoonfuls in water about one hour before each meal.

ASTHMA.

Dr. N. L. Clarke (Medical Age) recommends—

℞. Potassii iodidi . . . ℥iiss.
Ext. belladonnæ, fl. . . ℥iss.
Ext. lobeliæ, fl. . . . ℥iij.
Ext. grindeliæ robusta, fl. . ℥j.
Syr. tolu . . q s. ad. ℥iv.
M. Sig.—One teaspoonful every hour when necessary.

NIGHT-SWEATS AND NERVOUS PROSTRATION.

Dr. Q. C. Smith (Gaillard's Medical Journal) recommends the following pill for night-sweats. He has found it useful also in relieving the nervous prostration due to alcoholic excess:—

℞. Zinci oxidi . . . gr. xij.
Acidi pyrogallici . . gr. xxiv.
Atropia sulphatis . . gr. $\frac{1}{24}$.
Ext. lupulinæ . . gr. xlviij.
M. Ft. pilulæ No. xxiv.
M. Sig.—One pill after meals.

GASTRIC ULCER.

℞. Morphia sulphatis . . gr. j.
Atropia sulphatis . . gr. $\frac{1}{12}$.
Cerii oxalatis . . . ℥iiss.
M. Ft. charta No. xvi.
M. Sig.—One powder four times daily.

CHRONIC RHEUMATISM.

℞. Liq. potassii arsenitis . . ℥ss.
Potassii acetatis . . . ℥iij.
Vini colchici rad. . . . ℥ij.
Ext. cimicifugæ, fl. . . ℥iij.
Ext. phytolacca, fl. . . ℥iss.
Aqua menth. pip. . . ℥iij.
M. Sig.—Two teaspoonfuls in water every four hours.

GASTRALGIA.

℞. Tinct. ignatiæ . . . ℥iss.
Tinct. hyoscyami . . . ℥j.
Spts. chloroformi . . . ℥ss.
Vini pepsini . . . . ℥ij.
M. Sig.—Dessertspoonful in water three or four times daily.

SORE NIPPLES.

Dr. E. Thomas (New England Medical Monthly) recommends the following:—

℞. Zinci sulph. . . . grs. xv.
Lactic acid . . . grs. xij.
Glycerine . . . . ℥ij.
Starch . . . . ℥iij.
M. Sig.—Apply with a camel's-hair brush after nursing, being careful to wash it off before putting the child again to the breast.

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CHRONIC DIARRHŒA.

Professor Bartholow recommends—

℞. Cupri sulphatis . . gr. j.
Morphia sulphatis . . gr. j.
Quinia sulph. . . . gr. xxiv.
M. Ft. pilulæ No. xii.
Sig.—One pill three times a day.

CIRRHOSIS OF THE LIVER.

Professor DaCosta recommends—

℞. Ammonii chlor. . . . ℥ij.
Hydrarg. bichlor. . . gr. ss.
Syr. zingiberi,
Aqua . . . . ää ℥ij.
M. Sig.—Two teaspoonfuls before meals.

INFANTILE COLIC.

Professor Bartholow recommends—

℞. Potassii bromidi . . . ℥j.
Ol. anisi . . . . ♏ij.
Mucil. acacia . . . . ℥j.
Aqua menth. pip. . . . ℥j.
M. Sig.—One teaspoonful every half hour.

LITHÆMIA.

℞. Vini colchici rad. . . . ℥ij.
Ext. phytolacca, fl. . . . ℥j.
Potassii acetatis . . . ℥iij.
Aqua . . . . . ℥vj.
M. Sig.—Tablespoonful four times daily.

ACNE.

℞. Potassi chloratis . . . ℥j.
Strychnia sulphatis . . gr. ⅓.
Aqua . . . . . ℥iij.
M. Sig.—Dessertspoonful after meals.

TONIC MIXTURE.

℞. Quinia sulphatis . . . ℥ss.
Tinct. ferri chlor. . . . ℥iss.
Acidi phosphorici dilut. . ℥j.
Tinct. ignatiæ . . . ℥ij.
Vini portense . . . ℥iv.
M. Sig.—Two teaspoonfuls in water half an hour before meals.

CHRONIC BRONCHITIS.

℞. Tinct. capsici . . . . ℥ss.
Tinct. nucis vomicæ . . ℥ij.
Tinct. sanguinariæ . . . ℥j.
Vini pici . . . . . ℥iv.
M. Sig.—Dessertspoonful four times a day.

DIPHTHERIA.

℞. Ol. menth. pip. . . . ♏x.
Ol. terebinthinæ . . . ℥iv.
Ol. eucalypti . . . . ℥ij.
Pulv. acacia . . . . ℥ij.
Aqua . . . q. s. ad. ℥iv.
M. Sig.—Two teaspoonfuls every two hours.

COLIC.

Dr. J. B. Whitney (New England Medical Monthly) writes enthusiastically in praise of the value of the following combination in colic. The dose varies from five to fifty drops, in accordance with the age of the patient and the severity of the case—

℞. Ol. cinnamomi . . . ♏ij.
Chloroformi . . . . ℥iss.
Tinct. opii . . . . ℥iss.
Spts. camphoræ . . . ℥iss.
Spts ammonii aromat. . . ℥iss.
Spts. vini gallici . . . ℥iv.

HYPERTROPHIC NASAL CATARRH.

Dr. R. O. Cotter (Atlanta Med. and Surg. Journal) says the following ointment will be found very effective in the majority of cases of hypertrophic nasal catarrh—

℞. Ol. eucalyptol . . . ♏v.
Ext. pinus canadensis, fl. . ♏viij.
Acidi carbolici . . . gtt. v.
Cocaine . . . . gr. iij.
Oil of rose . . . . gtt. ij.
Vaseline . . . . ℥j.
M. Ft. ungt.

A PALATABLE CASTOR OIL MIXTURE.

A pleasant way to give castor oil is—

℞. Ol. ricini . . . . ℥j.
Glycerini . . . . ℥j.
Tinct. auranti . . . ♏xx.
Tinct. senegæ . . . ♏v.
Aq. cinnam. . . ad ℥ss.
M. Sig.—For one dose.

—*Northwestern Lancet.*

ANÆMIA.

Dr. J. W. Martin (Medical Press and Circular) recommends—

℞. Ferri redactum . . . ℥ss.
Ext. nucis vomicæ . . gr. ij.
Ext. quassiæ, q. s.
M. Ft. pilulæ No. xx.
Sig.—One pill three times a day.

For the constipation which is usually present, Dr. Martin generally employs the following mixture:—

℞. Magnesii sulph. . . . ℥iiss.
Magnesii carb. . . . ℥ij.
Tinct. nucis vom. . . ♏xl.
Spts. am. aromat.
Tinct. cardamomi . ää ℥ij.
Aq. menth. pip. . . ad. ℥viij.
M. Sig.—Two tablespoonfuls night and morning.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Feb. 1886.

THE BEST ANTISEPTIC.

WHILE the triumphs of modern surgery are due in great part to improved methods of operating and to the attention which is paid to all details in the preliminary and after-treatment of cases, it cannot be denied that the use of antiseptics has contributed materially to the success of modern surgical work. Operations which heretofore were regarded as perilous and unjustifiable are now performed daily under antiseptic precautions with the most gratifying results. Probably the same operations could be and are performed under favorable circumstances without anti sepsis, and with equally good results. Pure air and uncontaminated surroundings form the best prophylaxis against septic infection. But the painful knowledge that the foul hospital air or surroundings was sure to produce some form of septicæmia or gangrene in all deep wounds, restrained the hand of many an eager surgeon, and impeded all progress in the art of surgery.

This, however, is a thing of the past. Pyæmia, septicæmia, and gangrene are rarely met with now among the sequelæ of operations or the complication of injuries. How much of this desirable consummation is due to the improved technique of the surgeon, and how much to the use of antiseptics is a question which we shall not attempt to answer at present.

The object of this article is to direct attention to an agent which possesses all of the virtues and none of the objectionable qualities of the antiseptics hitherto employed. Mercuric bichloride, carbolic acid, iodoform, and a number of synthetical products have been tried and found to be useless in weak solutions and poisonous in strong solutions. The ideal antiseptic is still being sought for by a host of specialists, but their vision is so hypermetropic that they overlook it every day. The ideal antiseptic is an article which combines the three qualities of cheapness, effectiveness, and harmlessness to the patient. Such an article is the chloride of sodium, or common salt. It can be used in a solution of any strength, and in the same manner as other germicidal agents are employed. The results will be found to be equally gratifying, whether it be employed as a topical application to an exposed wound, or as an injection into a deep abscess, or into the uterine cavity. In every case suppuration will be restrained, foul surfaces induced to take on healthy action, and the healing process materially hastened.

DIAGNOSIS OF GASTRIC ULCER.

IN typical cases of gastric ulcer the diagnosis can readily be made by the presence of the characteristic symptoms of pain, indigestion, and vomiting, especially if the vomited matter be tinged with blood, or if hæmatemesis occur. Cases, however, are noted from time to time in which one or more or all of these symptoms may be absent. Several cases have recently occurred in this city in which ulceration of the stomach has existed without producing any symptoms referable to that organ until perforation actually took place. Violent peritonitis then ensued, and ended fatally within a day or two in each case.

Dr. Stephen Mackenzie recently read a valuable paper on this subject, before the Medical Society of London, in which he pointed out that while the diagnosis of ulcer of the stomach was common enough, occasions of testing its correctness were comparatively rare. Cases presented themselves where an ulcer did exist, without giving rise to any particular or characteristic symptoms; and, on the other hand, there might be a complete clinical picture of gastric ulcer, without any ulcer being discoverable at the necropsy. He then read the history of various cases exemplifying the uncertainty of the commonest symptoms, and the errors to which they might and had given rise. Patients suffering from apepsia nervosa might conduct themselves in every respect like one suffering from genuine gastric ulcer. This condition was one, he said, characterized by absolute

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incapacity of the stomach to retain and digest food due to nervous causes. He insisted on the fact that, in cases of nervous origin, any kind of food would probably be alleged to cause pain, even milk; and this, he said, was not generally the case in true gastric ulcer.

During the discussion which followed, the president, Dr. Ord, said that after hearing Dr. Mackenzie's paper, he was inclined to think that cases of apepsia nervosa were pretty common. He asked whether the craving for peculiar aliments, often of an eccentric kind, such as Dr. Mackenzie had mentioned in one of his cases, had any diagnostic importance. Dr. Ord said that he had been struck by the disproportion which so often existed between the lesions and the symptoms to which they gave rise; extensive lesions sometimes causing but slight symptoms, and at other times insignificant lesions would set up quite a grave train of symptoms. Dr. C. H. F. Routh said that the temperature of the food afforded a valuable diagnostic sign; that in gastritis and ulceration cold drinks were soothing, whereas in nervous cases only warm drinks had that effect. He thought, too, that the increased tenderness over the side of an ulcer, on passing an electrical current, might be turned to account. Dr. Sansom mentioned the case of a medical man where an ulcer of the stomach which caused death was diagnosed as commencing pleurisy, owing to the absence of definite symptoms pointing to the stomach as the organ affected. Mr. James Black and Dr. W. H. White quoted cases bearing out Dr. Mackenzie's views. Dr. Theodore Williams insisted on the very localized tenderness in gastric ulcer. Dr. Angel Money suggested that the condition of apepsia nervosa should be regarded as the disease present in all cases, and that the ulcer should be considered accidental. The diversity of results would thus be explained. Dr. T. Stretch Dowse thought inquiries should be made with the view of ascertaining whether there existed any connection between cases of gastric ulcer and ataxia. Dr. Fowler said that many cases diagnosed as gastric ulcer were attributable to organic disease of the heart. Dr. Mackenzie, in reply, said that no symptoms could be regarded as pathognomonic. He did not think that gastric ulcers had any connection with ataxia, nor could he admit the probability of Dr. Angel Money's ingenious suggestion.

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA has elected the following officers for the ensuing year: President, C. H. A. Kleinschmidt; Vice-Presidents, Dr. John B. Hamilton, and Dr. W. H. Taylor; Treasurer, Dr. C. W. Franzoni; Secretary, Dr. Thomas McArdle.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION.

IT is more than probable that if the eminent and the embryo specialists who captured the Philadelphia County Medical Society had foreseen the storm of indignation which their action has raised, they would have hesitated before introducing the worst methods of precinct politicians into the meetings of a learned society. In fact many who were prominent on that occasion have expressed regret for the part they took in the matter, and we are informed that one of the prime movers in the conspiracy was very much chagrined at the unseemly conduct of many of his supporters.

It is difficult to see how any one whose judgment is not warped by personal malice or consuming ambition can find any cause for self-gratulation, either in the results of the conspiracy or the manner in which they were achieved. To an unbiased spectator, the whole proceedings were a painful reminder of the methods resorted to by the New Code men to obtain control of the New York Medical Society, so graphically described by Prof. Austin Flint, Jr.: "The leader of the New Code movement, supported by a large number of adherents who blindly followed his dictation, displayed a degree of arrogance and assumption that has seldom, if ever, been witnessed in such a body. Many voices were raised in behalf of the honor of the profession, but they were all unheeded. One of the most eminent men in our ranks, respected alike for his age, attainments, and the purity of his private and professional life, was merely tolerated in making his protest, while the curt and peremptory orders of the New Code leader to vote in a certain way on each question raised were received with stormy applause, and were implicitly obeyed."

A similar and even more vindictive spirit was displayed on this occasion. All rules and precedents were disregarded, the Constitution and By-Laws were violated, and the oldest and most respected members of the Society, who rose to protest against such outrageous proceedings and unparliamentary

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decisions, were literally howled down, and the conspiracy appeared to be triumphant.

We predict, however, that its instigators will soon be taught a lesson which they will not speedily forget. The practitioners of this city have some rights which even the attachés of great institutions are bound to respect, and among those rights is the right to elect their representatives in the manner prescribed by the constitution of the County Medical Society.

We commend the following editorials and letters from the Philadelphia Medical Times, The Philadelphia College and Clinical Record, and the Journal of the American Medical Association to the dispassionate judgment of the American medical profession:—

THE ACTION OF THE COUNTY MEDICAL SOCIETY.

At the stated meeting of the Philadelphia County Medical Society, held on the 6th instant, for the purpose of electing officers, the regular nominations for delegates to the State organization and the American Medical Association were set aside and a new ticket introduced and elected by a proceeding without a precedent in the history of the society.

Now that the meeting is over, and we review its proceedings, we feel that no one who was present can escape a sense of mortification at the disorder which prevailed during the discussion, if not of regret for the results of the ballot. It is true that, by the concerted action of one hundred and fifty members, the society (whose entire membership is nearly five hundred) finds itself with a bad precedent established, and with a lively factional quarrel in prospect.

Let us see what was gained by this revolutionary procedure. Those having the matter in charge succeeded in having declared elected delegates whom no one will pretend to be better or more representative men than those discarded. They also had passed a resolution disapproving of the course pursued by the American Medical Association at New Orleans, and instructing the delegates to "endeavor to secure such modification of that action as may best conduce to the re-establishment of professional harmony and to the success of the Congress." On the other hand, they have raised a storm of feeling in the County Society which must inevitably react in the end upon the leaders of the movement, and thus inaugurated a state of affairs which all should deprecate as threatening the best interests of the society.

The evident intention of those who substituted, in this hasty and irregular manner, an entirely new list of delegates (some of whom were not even members of the society) was avowedly to send only those who would endeavor to carry out the plan set forth at a meeting of a few members of the profession interested in the International Medical Congress, held quite recently in this city,—to wit, "that the present Executive Committee should unite with the Original Enlarged General Committee, and recommence" (*sic*) "the organization *de novo*."

We have no hesitation in declaring that such hope is futile; it can never be fulfilled. The American Medical Association and the profession will not invite the members of the Original Committee again to assume control of the organization of the Congress. The probable result of such a course is apparent from their record. Thus, on May 8, 1884, that committee reported the following resolution:—

"That it shall be the duty of the committee to extend, on behalf of the medical profession of the United States, to the International Medical Congress about to meet at Copenhagen, a cordial invitation to have the International Medical Congress meet at Washington, D. C., in 1887."

This resolution was adopted, and the sum of four hundred dollars appropriated by the Association to meet the preliminary expenses of this committee, and the money was afterwards paid by the treasurer.

On April 28, 1885, the committee reported to the association that they had "met at Copenhagen during the meeting of the International Medical Congress, and presented the invitation, which was accepted." To this was appended a "Preliminary Plan of Organization," that was discussed by the association, which declined to indorse or accept their appointments, as they had exceeded their authority. The association thereupon expressed its disapproval of their action by appointing a new committee, but courteously continued them as a part of the Enlarged Committee. From this action the Original Committee rebelled; and now a few of its members decline to participate in the efforts of the remainder, who are striving to make good the cordial invitation accepted at Copenhagen.

The question naturally arises, Is the course of these physicians loyal to the profession that intrusted them with a mission?—*Philadelphia Medical Times, January 23, 1886.*

THE following is an old practitioner's view of his County Society's action:—

Perhaps the most interesting and most truly exciting meeting thus far held, was that of the County Medical Society. This is the only organization in our city which is entitled to send delegates to the State and National Associations.

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At the annual election on Wednesday afternoon last, there was an unusual display of feeling in reference to the action of the American Medical Association in New Orleans last May. It was whispered about for a few days prior to the meeting, that some effort would be made to commit the County Society to the side of the malcontents, and thus enable them to succeed in their efforts at obstructing the meeting of the International Congress of 1887.

Last October, in accordance with a special law of the County Society, which says "Nominations for delegates shall be made at the stated meeting in October by a nominating committee named at the stated meeting in June, which committee shall present a ticket of candidates for election to the different delegations of the Society," this nominating committee presented a ticket of nominations of delegates to the American Medical and the State Medical Societies. This report was received without a dissenting voice, and, as usual, a copy was sent by the assistant secretary to each member of the Society, with the notice for the January meeting. A day or two prior to this meeting, some of the members received a circular asking them to support a different ticket; to quote their words, "Nominated in the interests of general professional harmony." It does not appear as though any effort was made either by the members of the nominating committee or by their nominees. When the Society was assembled, the first move was to suspend the order of business in order to introduce, in violation of the By-Laws, a ticket not named by the nominating committee; this was on the motion of Dr. Agnew, who seemed to be the leader of the opposition to the regularly named ticket. This proposition was opposed by some of the oldest members, and especially by several of the ex-presidents, as not in order. Now commenced a most remarkable scene. Hisses, jeers cries of "order" were hurled full in the faces of the little party thus standing up for the rules and asking that they be obeyed. The president seemed utterly powerless, or disinclined to stem the flood that carried all before it. The "ayes" and "nays" were demanded and yielded to with great reluctance. The call showed that out of a membership of over four hundred, about one hundred and fifty were in favor, to fifty against the substitution of the new ticket. Of course, after this vote, the ballot was a mere form, and resulted in about the same figures, or even with less opposition, owing to the fact that many now left the room disgusted.

During the balloting Dr. Agnew offered a series of resolutions condemning the action of the American Medical Association, and requiring the Philadelphia delegates to vote for a reversal of its action. These resolutions will no doubt be shortly sent you by the secretary of the society. It was fully and even boastfully acknowledged by several that they had come to carry their point, even if it required the setting aside of all the laws of the society. While some of these gentlemen publicly announce their adherence to and regard for the Code of Ethics, yet more than one expressed the belief that this was the entering wedge, toward the adoption of the New Code, or the destruction of the Medical Society; and one even hoped for these results, as he desired to be free. It was suggested in the conversation which followed in the little group around him, that his proper plan was to resign, but he seemed to prefer to wait within the lines while constantly chafing at the restriction imposed upon him.

The leaders, and those who spoke in behalf of the opposition, announced themselves as "pacificators," endeavoring to promote the harmony of the profession, but the remarkable method which they have adopted has thus far been productive of a decidedly different effect. It is the cause of most bitter talk in every accidental meeting of medical men, and the daily papers are jocosely predicting in this disagreement of the doctors a great increase in the sales of patent medicines.

It is a well-known fact, announced at the meeting, that at least one gentleman on the ticket thus elected is not a member of the County Society, and it is a question whether several were eligible by reason of non-payment of dues. The question of the legality of this election may yet be brought before the Censors, or even require a decision of the Judicial Council.—*Journal of American Medical Association.*

A MEDICAL COUP D'ÉTAT IN PHILADELPHIA.

PHILADELPHIA, January 11, 1886.

To the Editor of The College and Clinical Record.

Dear Sir:—Believing that it is but just that a fair and impartial statement of the recent action of the Philadelphia County Medical Society, in subverting its own by-laws for the election of delegates to the American Medical Association, should be put upon record, I desire, as an eye-witness of the proceedings, to occupy a brief space in your columns,

The By-Laws of the Philadelphia County Medical Society regulating elections of officers and delegates stipulate that, "at the stated meeting in June, a committee of five members shall be constituted, which shall be called 'the nominating committee,'" and that "at the stated meeting in October, this committee shall present a ticket of candidates for election to the different delegations of the Society," and "no member shall be put in nomination who is in arrears for the annual contribution of the current year." In accordance

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with these By-Laws, the nominating committee appointed last June reported to the society last October the names of members eligible as delegates to the American Medical Association and the State Medical Society of Pennsylvania, their report being unanimously adopted.

At the stated annual meeting of the County Society, held January 6, 1886, when the society, in accordance with public notice, met to transact its annual business, the hall was packed, not only with members, but also with medical students and newspaper reporters, and it soon became apparent that an organized effort had been privately formed to subvert the usual proceedings. Prominent medical teachers and others, who rarely or never attend these meetings, were present, in the interest of a ticket then first known to many, and speciously headed, "In the interest of general professional harmony." The movement was inaugurated by a motion to suspend the orders of the day and proceed at once to the election. No objection was raised to any member on the ticket already regularly nominated in accordance with the By-Laws; but it was understood that one person was specially offensive in consequence of his course at New Orleans. Four ex-presidents and old members of the County Society vigorously resisted this revolutionary action, insisting on the observance of the By-Laws in reference to elections, and charging, without denial, that several of those named on the substituted ticket were ineligible, as not having paid their dues, and that one was well known not to be a member of the County Society. Their efforts to maintain the supremacy of the laws were received by vigorous and repeated hissing and calls not usually heard outside of a political convention.

Under a call for the yeas and nays, a vote to recognize and permit the presentation of the new ticket was taken, there being 165 yeas to 36 nays, the balance of the 450 members of the society being absent and ignorant of the proceedings then in progress. Having succeeded, in spite of the By-Laws, in introducing their ticket, the next step was to present during the balloting resolutions in opposition to the action of the American Medical Association at New Orleans, and instructing the delegates to endeavor to restore the original organization of the International Medical Congress as it stood before the last meeting of the Association (Drs. Billings, Hays, and others).

It remains to be seen what course will be taken by the members of the regular ticket thus ostracised. The probabilities are that the admission of the other delegates at St. Louis, and the legality of their election, will be brought to the decision of the "Judicial Council" of the Association. It is very doubtful if the resolutions adopted will meet with much favor at the hands of the members of the American Medical Association in the South and West, who will form the great bulk of the members in attendance at the St. Louis meeting in May next.

Whatever moral effect was intended to be produced by the exclusion of several of the gentlemen on the regular ticket from attendance as delegates at the St. Louis meeting will be counteracted by the fact that they are already permanent members of the American Medical Association, and, although as such they are not entitled to vote, they have an equal right with all the delegates to participate in the deliberations of that body. Whatever influence they are capable of exerting, therefore, by their presence at the St. Louis meeting, will be just as sensibly felt, and the great mass of members and delegates in attendance at that immense gathering, for such it promises to be, will not know, and certainly will not care, whether these gentlemen have a right to vote or not, their right to discuss this coup d'état being wholly undisputed.—*The College and Clinical Record*, February, 1886.

PROGRESS OF THE OPPOSITION TO THE ORGANIZATION OF THE INTERNATIONAL CONGRESS—SIGNS OF THE END.

When the American Medical Association at its meeting in New Orleans simply exercised its right to enlarge its Committee on the Organization of the Congress, and make it more truly representative of the whole profession, a few leading men having the control of two or three prominent medical journals captiously denied the right of the Association to meddle with the matter. They were soon compelled to abandon that position as untenable.

They next made a sudden and concerted attempt to prevent the Enlarged Committee from making any progress in the work of organization by the most reckless efforts to keep members of the profession from accepting any official positions in the Preliminary Organization of the Congress. They denounced the action of the Association, and openly avowed their preference to have the whole profession of the country disgraced by a withdrawal of the Congress to some other country rather than to make any honorable and fair concessions to the fairly expressed wishes of the National Association. In the mean time, the properly Enlarged Committee on Organization quietly progressed with their work, adopting complete and satisfactory rules of organization, and appointing the provisional officers of the Congress and of the Sections; thereby providing an efficient Executive Committee of the Congress to take all further control of its affairs. The Executive Committee promptly commenced its

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work by publishing the Rules and plan of organization for the Congress both in this country and in Europe. The announcement has been received with favor on both sides of the Atlantic, and active progress in the preparation of programmes of work for the several Sections is being made. Time has thus demonstrated that every effort of those who had banded together in opposition to the work of the legitimate organization had actually failed.

The Executive Committee, desirous of removing all excuse for continued divisions, and disregarding all personal feelings, honorably tendered as many appointments in their own body as the Rules of the organization permitted, to the most eminent of those thus far in opposition. Instead of meeting a prompt acceptance, the appointments were submitted to the organized caucus of the opposition in Philadelphia, in which were made professions of extraordinary regard for the National Code of Ethics and for the welfare of the National Association; but it ended in suggestions of an utterly impracticable character. More recently, as shown by our special Philadelphia correspondent, in The Journal of January 16, they assumed still further the rôle of professional harmonizers and special friends of the American Medical Association, while electing delegates to the Association in the meeting of the Philadelphia County Medical Society by methods unknown to the usages of the Society. This is a practical acknowledgment of the right and duty of the Association to make good all arrangements implied by the invitation to the Congress given in behalf of the profession of the United States.

The sample of their work done in the Philadelphia County Medical Society shows their last card, which consists in a desperate effort to control the election of delegates to the meeting of the American Medical Association in St. Louis, in May next. Their methods and purposes are now fully apparent to the profession at large, and their last game, under professions of harmony, will avail them no better than their former one of bluff.—*Journal of American Medical Association*, editorial, January 30th.

MEDICAL NEWS AND MISCELLANY.

DR. B. F. BAER has been elected president of the Obstetrical Society of Philadelphia.

DR. ROYAL W. AMIDON has assumed editorial charge of the Analectic.

DR. JOHN B. ROBERTS, Professor of Surgery in the Philadelphia Polyclinic, was married on January 26th to Miss Anna H. Roberts.

DR. AUSTIN FLINT has accepted the invitation to deliver the Address in Medicine at the next meeting of the British Medical Association.

PROFESSOR C. A. LINDSLEY, M.D., has resigned from the position of Dean of the Medical Department of Yale College. Dr. Herbert E. Smith has been elected as his successor.

DR. N. D. GADDY (Indiana Medical Journal) considers the continuous local application of guaiac to be the treatment *par excellence* of all cases of acute glossitis.

DR. BEAVEN RAKE (British Medical Journal) reports a case of fatal convulsions due to the presence of large numbers of round worms in the intestines of a three-year old child.

THE JOURNAL OF RECONSTRUCTIVES, DIETETICS, AND ALIMENTATION, is the title of a new and valuable quarterly medical journal, which is edited by Dr. Wallace Wood, and published by Mr. John Carnrick, of New York.

THE AMERICAN PRACTITIONER AND THE LOUISVILLE MEDICAL NEWS have become amalgamated, and will hereafter appear bi-weekly as the American Practitioner and News. The new journal will be edited by Dr. David W. Yandell and Dr. H. A. Cottell.

DR. R. W. WHITE (Daniels's Texas Medical Journal) has observed that in many cases of typhoid fever, when sweet milk is not well borne by the stomach, buttermilk can readily be taken and will be found to be antipyretic and sedative, as well as nourishing.

A PHILADELPHIA PHYSICIAN ABROAD.—Dr. Thomas H. Fenton, who is now visiting the large hospitals and schools of Europe, delivered an address before the Medical Society of Berlin on January 13th. Dr. Fenton was introduced to the society by Dr. Virchow. Liebrich, Gerhardt, Bernard-Frænckel, Lassar, Ewald, Kussmaul, and many other prominent Berlin physicians were present.

THE following gentlemen have been elected members of the American Public Health Association: Dr. Andrew W. Imrie, Detroit; Dr. John W. Jones, Tarborough, N. C.; Dr. Frank L. Sim, Memphis; Dr. J. Howard Taylor, Philadelphia; Dr. Charles Farquhar, Olney, Md.; Dr. Carl H. Horsch, Dr. Dwight A. Richardson, Osceola, Ark.; Dr. Thomas Taylor, Dr. Jas. T. Young, Dr. Z. T. Somers, Dr. P. Morgan, Jr., Washington, D. C.; Mr. Ed. J. Hannan, Washington, D. C.

INTERNATIONAL MEDICAL CONGRESS.—I feel in hearty accord with the sentiments expressed by your correspondent in the November number of The Monthly, on the matter of the coming meeting of the International Medical Congress. There is no doubt but that the friends of the Original Committee have used every means in their power to misrepresent the action of the New Committee and to belittle its efforts to make the

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Congress a success. I wonder if the journals which are supporting this sort of thing are not waking up to a sense of their being on the wrong side of the fence. I know where one of them lost four subscribers in this city since the raid began. Is not this a straw which shows which way the wind is blowing?—*Cor. New England Medical Monthly.*

INTERNATIONAL MEDICAL CONGRESS.—The note in the last Monthly from a doctor who signed himself "Not a member of the American Medical Association," has touched the keynote of the whole International Medical Congress business. When a committee appointed by any organized medical body insults its constitutors as did the Original Committee, headed by Drs. Billings and Hays, by appointing every one of themselves to offices, and prominent ones, too, and some of their members to several offices, we think it is time for the profession to call a halt. A few have followed the Original Committee, the mass of the profession are behind the New Committee, staunch and true. Let them rave, rant, revile, and misrepresent; they are the only ones who will suffer, not the International Medical Congress.—*Cor. New England Medical Monthly.*

THE TREATMENT OF FROST BITES.—Dr. Lapatin, in the proceedings of the Caucasian Medical Society, advises that fingers and toes which have been slightly frost-bitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once and afterward twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual among soldiers who were unable to wear their boots in consequence of having had frozen feet. They were in this way soon rendered capable of returning to military duty.—*British Medical Journal.*

THE WESTERN PENNSYLVANIA MEDICAL COLLEGE.—The Western Pennsylvania Medical College has been organized and liberally endowed, and will soon assume possession of its new building on Sixth Street, Pittsburgh, Pa. The course of lectures will not begin, however, until October. The faculty will be composed of the following well-known, earnest, and hard-working practitioners: Professor of Anatomy, Dr. Heckelman; Professor of Physiology, Dr. Allen; Professor of the Principles of Surgery, Dr. Murdoch; Professor of the Practice of Surgery, Dr. McCann; Professor of the Principles of Medicine, Dr. Snively; Professor of Clinical Medicine, Dr. Lange; Professor of Chemistry, Dr. Blank; Professor of Materia Medica, Dr. Gallagher; Professor of Obstetrics, Dr. Duff; Professor of Gynæcology, Dr. Asdale; Lecturer on Dermatology, Dr. Dunn; Lecturer on Nervous Diseases, Dr. Ayers; Lecturer on Orthopædic Surgery, Dr. King; Lecturer on Genito-Urinary Diseases, Dr. Thomas.

THE NEW CHILIAN REMEDY FOR CYSTITIS AND CALCULUS, PICHI (*Fabiana Imbricata*).—The London Medical Times and Gazette, December 5, 1885, reports a new remedy for cystitis, viz., Pichi (*Fabiana Imbricata*), which has its habitat in Chili, that fruitful home of medicinal plants.

It appears that Brazilian physicians of high scientific standing, as well as the native inhabitants, esteem the medicinal virtues of this drug in the treatment of urinary diseases, and especially its value in treating renal and vesical calculi and cystitis.

We learn that Messrs. Parke, Davis & Co., the manufacturing pharmacists, with their usual enterprise, sent a special representative to the native habitat of the plant, who has secured for them a supply of the genuine drug, of which they now offer samples to the medical profession desiring to ascertain by clinical trial its real medicinal value.

The conservative members of the profession are not a little skeptical as to the value of new remedies, but those who have followed the history of the introduction of cascara sagrada, coca erythroxylon, and other new drugs which are now indispensable members of the materica medica, are firm in their belief that progress in therapeutics must be attained by a careful examination of the claims for consideration of each new aspirant for therapeutic honors.

THE INTERNATIONAL CONGRESS.—According to the Medical News (of Philadelphia) of December 26th, the Medical Record gives the following editorial note from the St. Petersburg med. Wochenschrift, of November 21st: "The prospects of the next International Medical Congress, which was to meet in 1887, in Washington, have lately, in an unusual manner, been put in jeopardy. The Original Organizing Committee, of which, as announced by us in previous communications, the well-known surgeon-general of the United States Army was secretary-general, and to which the most distinguished American physicians belonged, has been retired. This was accomplished through the intrigues and hostility which developed at the last annual meeting in New Orleans. At this time a new committee was appointed, under the presidency of a Dr. Shoemaker, of Philadelphia. This new Organization Committee contains but a few of the members of the previous committee, and is composed mostly of unknown

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and insignificant physicians, who inspire no confidence in their capacity for conducting the Congress."

When the St. Petersburg med. Wochenschrift knows no better than to confound "the well-known surgeon-general of the army" with the officer who was the secretary-general of the committee of seven, it publishes the value of its condemnation of the new committee as "composed mostly of unknown and insignificant physicians." To it they doubtless are unknown. But what shall be said of both the Medical Record and Medical News, which reproduce this statement about "the well-known surgeon-general of the army" (and not for the first time) without contradiction?—*Cor. Journal of the American Medical Association.*

THERAPEUTIC VALUE OF CHLORIDE OF CALCIUM.—Dr. R. W. Crighton (Practitioner) has used chloride of calcium largely for eight years, and knows of no other remedy that will produce the same good results in suitable cases. And, among these, first, is enlargement of the cervical glands in children, where the glands seem massed together, and are almost of stony hardness, and in which both iodine and cod-liver oil have failed to reduce the bulk. After some weeks' patient use of the chloride, with careful attention to diet and general hygiene, there seldom fails to be noticed a softening and separation of the individual glands, and generally, in a few months, such a reduction in size, or complete disappearance in milder cases, as to warrant the term cure being applied to the case. On the discontinuance of the remedy, however, an increase of size often takes place, necessitating its continuance at intervals for a year or more. Dr. Crighton has found the chloride of calcium equally efficacious in cases where suppuration had occurred. One case was that of a lady of forty, who from childhood had scarcely ever been many months free from suppuration of some of the cervical glands. These had generally been incised, and cod-liver oil and the preparations of iodine almost constantly taken. She was treated with chloride of calcium thrice daily. In less than three months all suppuration had ceased, and the enlarged glands had become much reduced in size. In tabes mesenterica the good effects are striking and lasting, if the disease is not too far advanced. Dr. Crighton always prescribes crystallized chloride calcium, as the anhydrous salt forms a turbid solution, and has an unpleasant taste. The dose is one, two or three grains for young children, and rarely over twelve or fifteen grains for adults.

GENERAL CATARRHAL ŒDEMA.—This case, gentlemen, possesses unusual clinical interest, as you will see when we develop it. We have a man who had always been healthy, and who came into the hospital on the 12th of November, saying that six days before he had "caught cold." He had some cough and expectoration, with pain in the chest and ankles. At the same time, his face, feet, and scrotum became swollen. The cough had declined when he entered the house, but the pains persisted, though without any swelling of the joints. The œdema of the face was gone, but that of the feet and scrotum persisted. Some moist rales were heard, his spleen was enlarged and his temperature was 102°. His urine and his heart were normal. Twelve years ago he had chills and fever. He was given quinine and diaphoretics, and under their use passed fifty-five ounces of urine daily. On the 14th the œdema was gone, but the temperature was near 101°. He was also given fluid extract of jaborandi in twenty-drop doses. This caused profuse perspiration, and in a few days he expressed himself as well. Repeated examinations have failed to detect the slightest traces of albumen; his heart and liver are normal; remember these facts, for they have an important bearing. Here we have acute general œdema without disease of the heart, liver, or kidneys. This condition generally comes from kidney disease, but there is none here. This man is strong and hearty in every respect. This is one of those rare cases where the inflammatory state similar to that which gives catarrh, affects the areolar tissue. There has always been a lingering belief in the minds of some clinicians that there may be a transudation of serum, not only from mechanical causes, not only from disease of the liver, heart, and kidneys, but that it may be caused by an inflammation of the areolar tissue. The writers of the last and the early part of the present century used to speak of "inflammatory œdema," in those days this case would have been described as such. But it transpired that, as our nicety of diagnosis advanced many of those cases which had been called by this name were found to be due to kidney disease and other causes, when, as so often happens, our clinicians, sailing away to the other extreme, dropped this disease altogether, and its occasional actual occurrence was overlooked. But here we have a case where careful and repeated examinations fail to give any other cause. We might almost call it a new disease, it has not been worked up for many years. There has been some irritation (by cold) and inflammation of the areolar tissue, and a consequent exudation of serum. We will give this man Basham's mixture for a few days.—Professor J. M. DaCosta, *Medical and Surgical Reporter.*

DIURETICS.—Dr. V. M. Reichard (Philadelphia Medical Times) says diuretics may be divided into two great classes; those in which the chief effect is an increase in the amount of urinary

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water, and those in which there is a decided increase in the urinary solids. In the first class digitalis stands easily at the head, and of all its preparations the infusion is the diuretic *par excellence*. Much has been written and said about the cumulative effect of digitalis, but in my own use of the drug I have never had any bad result further than disordering the stomach. This it is sure to do if pushed strongly and continued for a week. But when a diuretic is indicated because of either dropsy or retained substances in the blood, and there is a rapid, weak pulse, the infusion of digitalis will act like a charm for a few days. After being given in decided doses for a few days (say a teaspoonful every four hours), it can be reduced either in the size or the number of the doses, so there will be not much danger of gastric disturbance. Sometimes, however, we are forced to abandon the use of the drug entirely until the tongue cleans and the stomach regains its normal tone.

In a recent case of extensive œdema of the lower extremities, due to cardiac dilatation, I secured the most happy results by intermitting the digitalis and giving convallaria. Though the latter had no appreciable diuretic action, yet as a cardiac tonic it sustained the heart until the digitalis could be resumed.

Caffeine has high authority in its favor as a diuretic and cardiac tonic in advanced cases of cardiac dilatation. All the alkalies, the acetates especially, increase the amount of urinary water as well as solids, and in choosing an alkali as a diuretic it is rather a matter of personal preference. The only thing to avoid is giving a soda salt, as the insoluble urate of sodium will be formed, and harm will result where good was expected.

Buchu stands as the type of diuretics the activity of which depends upon a volatile oil. It is indicated where a diuretic pure and simple is needed with no reference to the heart. In any case of idiopathic renal inefficiency it is the drug to be given, or if for any cause the amount of urinary water is to be increased without affecting the blood-pressure. Cases of lithæmia all do better if buchu be added to the alkali. A plan which I have often used with much satisfaction, is to give about twenty grains of bitartrate of potassium with an ounce of infusion of buchu in a cup of cold water every three hours. Under its use I have seen nervous, depressed, neuralgic women brighten and clear up mentally and physically. After being literally "washed out," they have in a number of cases expressed the greatest satisfaction, and requested to be allowed to keep some of the medicine on hand.

NOTE ON THE USES OF LOBELIA INFLATA.—Dr. V. M. Reichard (Phila. Medical Times) says: "Lobelia may be used internally as a nauseant, an expectorant, an emetic, and as an antispasmodic. As a nauseant, it should be given in small doses frequently repeated. If the stomach be decidedly acid it may be very distressing: so it is safer always to administer it with a little bicarbonate of sodium. In the first stage of acute bronchitis, combined with an opiate, as paregoric, it is unexcelled. It relieves the fulness and pain, and promotes a free flow from the bronchial mucous membrane. In children troubled with a nocturnal cough and tightness of breathing, there is nothing better than tincture of lobelia in small doses. When given as an emetic, it is a good plan to give about ten drops in a wineglassful of warm water every fifteen minutes; or, with small children, give small doses and put them into a hot bath at the same time. The textbooks say it is too depressing as an emetic, but I must say that, observing the precautions above mentioned, I have not found it so. In asthma, it will break up an attack at once if pushed to emesis. As an antispasmodic, especially in nervous exaltation, it is a remedy of great utility. An attack of hysterio-epilepsy or of any hysterical manifestation will be cut short by it. If the patient cannot or will not swallow, it may be given by enema or hypodermically. After one or two trials of the drug, the patient will forego the hysterical attack rather than submit to the nausea. In this way I have relieved hysterical epilepsy, hysterical aphonia, and many more of the hysterical manifestations.

"While it will not always cure the habit, it will relieve the symptom which so much disturbs the friends of the patient.

"As a local application it has an extended use. Its value is undoubted, and, so far as I know, this is not mentioned in any of the standard textbooks on materia medica. As a wash for indolent sores, as an application to traumatic erysipelas and to incised wounds, I have never found its equal. In the latter class of injuries it is especially useful. It acts as a hæmostatic and astringent. Its best application is to those wounds the edges of which can be brought together.

"In any incised wound, no matter how large or how great the hemorrhage, so long as it does not require a ligature, if the edges be brought together and held for a few minutes while a pledget of cotton wet with the tincture of lobelia is applied, the hemorrhage will cease, the parts will adhere, and all will be prepared for union by the first intention. Though lobelia may not be a germicide, yet it will so entirely close up a wound as to render it perfectly asceptic. It is no longer a matter of experiment with me, but a fixed conviction, the result of observation of a great number of cases, varying from a mere scratch to severe incised wounds. In one case, a man while butchering, by a slip of the knife, cut a gash into the back of the

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hand and the arm, beginning in the web of the thumb opposite the metacarpo-phalangeal articulation running diagonally upward and towards the radius, extending in front about two inches above the wrist-joint. Where the knife entered the wound was quite deep, dividing the first and second extensors of the thumb. The radial artery was barely missed, and was seen pulsating in the bottom of the wound. The hemorrhage was so severe as to lead for a moment to the belief that the radial had been divided. The man positively refused to have the divided tendons sutured. The hand was put on such a splint as would support the thumb in its place, the edges of the wound approximated with adhesive strips, and the parts covered with absorbent cotton, wet with a saturated tincture of lobelia. In three days union was apparently complete, but the perfection of the result was marred by the imprudence of the patient, who took off the splint and used the hand, with the result of destroying the union over the site of the divided tendons.

"Any one who will try this remedy in the class of cases indicated cannot fail to be satisfied with the result.

"The stigma cast upon lobelia by irregular practitioners claiming for it specific properties has caused it to be too little used by regular physicians. The remedy deserves more notice at our hands. While casting around for *new* remedies, it is proper to investigate fully the properties of those we already have. Though the active principle may be poisonous, there is not sufficient of it in a medicinal dose of the tincture to be dangerous. In a series of experiments made to determine the toxic character of this drug, I found it impossible to kill the animals experimented upon. Heroic doses were given to half-grown cats, with no other effect than intense nausea and weakness for a day or two. In no case would it kill, though as much as two ounces of a saturated tincture of the seed were given in the course of an hour."

THE LACKAWANNA COUNTY MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION. FICTION *versus* FACTS.—The Medical Record published the following editorial note on December 26th:—

"At a meeting of the Lackawanna County Medical Society, December 8th, a telegram was received from Dr. J. V. Shoemaker, of Philadelphia, asking the society to rescind their resolution of last month condemning the action of the American Medical Association's new committee in excluding eminent physicians from the Congress. A motion to reconsider the resolution of last month was offered, and, after an animated discussion, was defeated."

We do not know what Dr. Shrady expected to accomplish by this article. Its utter falsity is shown by the following letter, which was immediately afterwards sent to the Record, but withheld from publication for three weeks:—

"In looking over my Record of the 26th ult. I saw a statement that, 'at a meeting of the Lackawanna County Medical Society, held December 8th, a telegram was received from Dr. J. V. Shoemaker, of Philadelphia, asking the society to rescind their resolution of last month condemning the action of the American Medical Association's new committee in excluding eminent physicians from the Congress. A motion to reconsider the resolution of last month was offered, and, after an animated discussion, was defeated.' How much truth there is in the above statement you will readily see from the following facts, gleaned from the transactions of the Lackawanna County Society for November and December, it being necessary to give both months in order that the subject may be better understood. At a very poorly attended meeting held November 10th, a resolution, condemning the action of the American Medical Association's new committee, was offered and championed by a comparatively new member; in fact, it being his first attendance as a regular member of the society, which received six votes out of a society numbering forty-five members, which truly cannot be considered a very strong expression of the society. Remember, those six included the maker of the resolution, and some that rarely attend the meetings of the society, and only in this case for the express purpose of passing this resolution. Having succeeded in carrying their motion, in order to make the matter more emphatic a second motion was made, to appoint a committee of three to draw up a set of resolutions condemning the action of the new committee of the American Medical Association, which was carried by the same vote as the first motion. But, alas, this proved to be the straw that broke the camel's back, as we learned from the subsequent meeting, held December 8, 1885. The meeting of December 8th being our regular monthly, as well as annual meeting for the election of officers for the ensuing year, was largely attended, there being twenty-nine members present. This proved to be the largest, and most representative meeting ever held of the Lackawanna County Medical Society. Not only was Scranton well represented, but there were present members from Carbondale, Oliphant, Fleetville, and other towns, making it a truly representative meeting. At this meeting, when the condemnatory resolutions were presented, they were defeated by a vote of nineteen to ten; one of the ten not being a member, the vote really stands nineteen to nine, leaving no doubt as to the defeat of the resolutions. A motion was then made to reconsider the action of November, which

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was carried by the same vote that defeated the resolution. The president being asked to cast his vote, did so with the majority, making twenty votes for reconsideration. In relation to the telegram sent by Dr. J. V. Shoemaker, of Philadelphia, asking the society to rescind their action of November, I will say, the society never received any such telegram. I believe Dr. Throop received a message from Dr. Shoemaker, but as that was private it certainly did not belong to the society. In order that you may see some of the animosity that exists toward Dr. Shoemaker by one of the party that supported the November resolutions, allow me to give the expression in his own language, verbatim, 'I am glad to get a chance to sit on that Shoemaker.' I have submitted this communication to both the president and secretary of the Lackawanna County Medical Society, for their inspection, verification, and approbation, which they fully indorse by adding their official signatures. In conclusion, allow me to say that the great majority of the members of the Lackawanna County Medical Society feel sorry that matters exist as they do in relation to the International Congress, but we also wish it understood that we feel loyal to the American Medical Association. Trusting you will pardon me for trespassing so much on your valuable space, expecting to be treated fairly, asking no more, nor expecting any less, I remain very respectfully,

"M. J. WILLIAMS, M.D.

"B. H. Throop, Pres. L. M. Soc.

"W. A. Paine, Sec'y Lack. Co. Med. Soc."

THE following correspondence in reference to the International Medical Congress, to be held at Washington, D. C., in 1887, we clip from The Provincial Medical Journal:—

THOMAS M. DOLAN, Esq., M.D., Halifax, Eng.

DEAR DOCTOR: I beg to acknowledge the receipt of your favor of the 28th of October, and to thank you for your kindness. In your communication you seem to express some doubt concerning the meeting of the Medical Congress at Washington. I take great pleasure in assuring you of the probable, I might say almost certain, success of that event which must prove of so much importance to the medical world. I believe that our medical brethren in England are only beginning to understand medical matters in this country. To do justice to the whole subject, however, would occupy more of your valuable space than I have any right to attempt; but I will make a few statements which may be acceptable.

In the first place, I am not an American graduate, having spent almost all my student days in German and other European universities and medical schools. My post-graduate studies were also spent in Europe, and some in Great Britain. I am particular in stating this, because I do not wish to be misunderstood in speaking in the highest terms of praise for American medical schools of the first class, like those in Boston, New York, and Philadelphia, and in this connection I may be permitted to add Montreal. I have already, in the Lancet, July 17, 1875, defended our American medical schools when unjustly attacked, and more recently in the Philadelphia Medical Times, August 23, 1884, as follows:—

"Since 1870 the excellent medical schools of our own country have taken giant strides forward; and, although much of this improvement has been owing to the influence of the vast numbers of our profession who are familiar with foreign schools, and have brought back rich treasures to add to our own, still the *worth* is showing itself here, and Philadelphia is fast becoming the rival of Vienna. It is really very doubtful if, in honest practical work, the American student can gain very much by going abroad to-day, except to elevate his general intelligence by travel, to gratify his curiosity, or to compare the foreign system of treatment with his own. When we consider the eminent professors of Philadelphia, New York, Boston, and other cities, we may well feel a pride in our own institutions, and look forward to the time when foreigners shall seek our medical schools in large numbers for improvement, which I believe they could actually obtain at present in many departments. It may be well to quote here from one of our most distinguished professors, Dr. Roosa: 'Whatever may have been the additions that the medical profession of this country have made to the common stock of knowledge—and they have been neither few nor unimportant—they would have been largely increased by facilities at all equal with those enjoyed in Old World.'"

If these statements are true it will be seen that we have in this country a very respectable and well educated body of medical men. Surely we are able, even if all the names mentioned for the Executive Committee failed, to find scores of intelligent general practitioners to honorably represent the American medical profession at the next Congress at Washington. . . . . The little ring, headed by Dr. Hays, has dictated to many prominent men—acquiring its power by any means at hand. It seems an outrageous piece of impertinence to declare that unless a few men, now well known to be malcontents and schemers, abide by the Congress all must be lost. Some of our most prominent men, who are well known in England, have not yet been invited to become members of the committee, and countless numbers are willing to do all in their power for the success of this great gathering of medical men.

Does it not seem selfish and mean in those who have been rebuked for their grasping conduct

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and unprincipled partiality to make all this disturbance? Would it not seem reasonable to expect of those who have the good of the American medical profession at stake to sacrifice themselves if need be instead of bringing this scandal on the whole body medical? The conduct of these fellows (they have forfeited the right in many instances to be called gentlemen) is positively disgraceful. The battle began by leading specialists desiring to add to their incomes by consulting with irregular practitioners, and this the American Medical Association refused to tolerate. Then the little "ring," seeking medical power, tried to gain control of the Congress and ignore all who did not favor their petty projects. Even departments of the Government service, including the Marine Hospital Service and prominent medical associations, and the American Public Health Association, one of our most useful and scientific organizations *were ignored*, purely through personal jealousies and the pompous hate of one or two army medical men. In spite of the well-planned plot to bind and gag the American medical profession the dishonorable ring has been broken and routed, and the success of the Congress assured. In their baffled hate these fellows fume and threaten the disruption of the International Medical Congress in Washington, but their wrath availeth not. From amongst our American medical editors, retired and active, a good committee could be formed. I should be glad to see as fellow-workers of Professors Flint and Davis, Professor Horatio R. Storer, formerly of Boston, ex-vice-president of the American Medical Association, ex-president of the Association of American Medical Editors, and well known in England as co-editor with Dr. Priestley, of London, of the obstetric works of Sir James Y. Simpson, and still in active professional work, and at present the esteemed president of the Newport Medical Society. Dr. Storer is one of the very few Americans by birth whose name will be found upon the British Medical Register. A knowledge of his contributions to professional literature is by no means confined to his own country. The following from the Philadelphia Medical Times, of October 31, 1885, expresses the opinions of a vast majority of the American medical profession. It was written by the accomplished editor of that valuable journal, than whom no more faithful representative of the skilled and honorable American medical practitioner could be found—Professor Frank Woodbury, of Philadelphia:—

"We believe (1) that a successful and thoroughly creditable meeting of the International Medical Congress will be held in Washington in 1887; (2) that in spite of malcontents and irreconcilables, existing difficulties will be successfully surmounted under the guidance of Drs. Flint and Davis and the Executive Committee; (3) that a way will be provided for those gentlemen who resigned under a misapprehension to return and accept the offices to which they were originally nominated; (4) that several aspiring Hamlets will be absent when the final cast is made for the play, and they will not be missed."

If what I have written may seem to you harsh, and perhaps needlessly severe on the Original Committee, I would justify myself only as a general practitioner exasperated at the insult inflicted on my professional brethren in attempting to gag and bind us as if we had no mind to see the fraud, or courage to resist the attack. It is often urged by our politicians that if one or the other party is not elected to power the whole country *must* go to the dogs. For a time there could be found weak men to believe this rubbish, and now every patriotic American knows better. Our Republic is stronger than that, its foundations cannot be shaken by the shouts of politicians—and so it is with the American medical profession. We are not dependent upon the editors of the Philadelphia Medical News, the New York Record or Journal and their friends for an existence—the American medical profession consists of thousands of faithful, well educated, general practitioners, scattered over our vast and successful Republic, and as long as such is the fact, our friends, either in Europe or America, need have no fear for the success of any undertaking inaugurated by them. The howl of the dissatisfied and grasping ringleaders will cease, and peace will conquer, and the genius of American Medicine will rise triumphant at last. We will welcome to our shores the honorable medical men of foreign lands—strangers in this land, but brethren in our noble and honorable calling. We will show you our works and our achievements; we will consult with you and exchange ideas in the divine gift of healing; we will open to you our sacred homes; we will welcome you at our firesides, and when you return, you will remember that the United States is not only a prosperous country, but a great country, and a liberty-loving country, and that tyrants here must always perish miserably in the end. Success to the International Congress!

W. THORNTON PARKER, M.D.

NEWPORT, R. I., November 13, 1885.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY has elected the following officers for the present year: President, Dr. R. J. Levis; Vice-Presidents, Dr. W. R. Cruice and Dr. Charles Wittig; Recording Secretary, Dr. S. Solis-Cohen; Assistant Secretary, Dr. B. F. Nichols; Corresponding Secretary, Dr. M. S. French; Reporting Secretary, Dr. W. H. Morrison; Treasurer, Dr. L. K. Baldwin; Censor, Dr. F. P. Henry; Librarian, Dr. C. M. Seltzer.

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DR. S. R. KNIGHT.—A complimentary dinner was given to Dr. S. R. Knight, the veteran and efficient physician in charge of the Episcopal Hospital, of Philadelphia, by his numerous friends and admirers on January 7th, at Wormley's, 931 Girard Avenue. The dinner was given to mark the close of the twentieth year of Dr. Knight's connection with the institution, and was a very enjoyable affair. Among the physicians present were: Drs. W. R. Cruice, the genial and eloquent chairman of the evening; Wm. T. Taylor, H. St. Clair Ash, James J. Levick, A. K. Minich, Jos. M. Barton, J. L. Ziegler, of Mount Joy, Pa., W. L. Ziegler, R. B. Cruice, Wm. S. Janney, Leonard S. Clark, E. Hill, E. I. Santee, Jos. D. Schoales, Jos. D. Nash, Isaac MacBride, J. H. W. Chestnut, N. Hickman, E. J. Nolan, F. B. Hazel, John A. Dougherty, R. Bruce Burns, I. P. Strittmatter, Wm. Moffet, G. B. Miller, Jno. Strobel, Jr., E. F. Apeldory, Wm. N. Ferguson, A. H. Hulshizer, John M. Bradford, O. Hopkinson, Jr., C. J. Irvin, W. H. Heck, Gerhard Loebing, A. Y. Gerhard, M. A. Wood, E. B. Wheeler, J. V. Shoemaker, Wilson Buckley, Joseph Martin, John M. Drippe, and W. H. Kirk.

THE TREATMENT OF DYSENTERY.—Pus carried from the bowel in this disease to the liver is calculated to cause abscess of that organ, hence it is well that we know how to cure the disease. Dr. Thomas Buckler tells us that the following method (Boston Med. and Surg. Jour., October 1) will accomplish the purpose: We must first give half an ounce of Rochelle, Epsom, or Glauber salts, and when this action is over, twenty drops of Sydenham laudanum, eight of black drop, or one grain of powdered opium. If the tormina and tenesmus continue, repeat the dose. When there is a bloody flux, five grains of powdered nux vomica will do the work. When there is paresis of the hepatic nerves, the stools mucous, with the color of hickory ashes, five grains of capsicum every three hours is called for. In false dysentery, where the stools are bloody but contain no mucus, patients recover rapidly under ten grains of bicarbonate of potassium every four hours, with lime or lemon juice. If the jaundice is deep, they may be given fifteen grains of benzoate of sodium with ten grains of extract of taraxacum at bedtime.—*Med. and Surg. Reporter.*

BOOK REVIEWS.

Practical Therapeutics. By EDWARD J. BERMINGHAM, A.M., M.D. New York: J. R. Bermingham, Publisher, 1285 and 1287 Broadway, 1885.

A compendium of selected formulæ and practical hints on treatment, embracing numerous prescriptions recommended by such authorities as Bartholow, Da Costa, Loomis, N. S. Davis, Goodell, Tilbury Fox, Duhring, H. C. Wood, Agnew, Allingham, Fothergill, J. Lewis Smith, and others. It is comprehensive in its scope, practical in character, and very attractive as to subject matter and typography. It contains in a concise form much very valuable matter that has never before been available, except in the columns of the various journals. It is interleaved for physicians' notes, thus offering an acceptable means for recording and preserving therapeutical notes that have proven valuable in practice. It is systematically arranged and copiously indexed.

Psychiatry: A Clinical Treatise on Diseases of the Fore-Brain, Based upon a Study of its Structure, Functions, and Nutrition. By THEODORE MEYNERT, M.D. Translated by B. SACHS, M.D. Part I. The Anatomy, Physiology, and Chemistry of the Brain. New York and London: G. P. Putnam's Sons.

This volume precedes that on diseases of the fore-brain, and is devoted to the topics abovenamed. The method adopted by Dr. Meynert for the study of these obscure diseases is certainly the correct one, and, were it carried out more frequently in other fields of medicine, our science would be more deserving of the name. The first part of the book is engaged with a study of the structure and architecture of the brain and tubes upon both the gross and minute anatomy. It is nicely illustrated. As to completeness of detail, we would ask for nothing better. The second section is taken up with the consideration of anatomical corollaries and physiology of cerebral architecture. To analyze this chapter would be a task far exceeding the limits of this review. In it are discussed many exceedingly difficult, we might add, impossible processes to understand. Cortical localization, relation of cortex to the outer world; motor areas, seat of intelligence, memory, instinct, the methods of thought, inhibition, etc., all claim attention. The Doctor speaks of "psychical blindness" and "psychical deafness," and cites interesting experiments in support of his opinions. In speaking of intelligence, he quotes Munk as observing, "Intelligence is located everywhere in the cerebral cortex, and nowhere in particular." Further on, the author says, "I wish to add that it is the boldest hypothesis, shared alike by the ordinary mind and by scientific realism, to assume that the world is such as it appears to the brain to be; that the latter can be likened to a mirror which simply reflects the forms of the outer world; that the world as it appears to the brain exists independently of the presence or absence of mind." In speaking of memory, he says, that "no author of the present day would be likely to insist on one special seat of memory, for memory is the

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common property of all cortical cells and fibres, which are able to receive and conduct external stimuli of all sorts." The inheritance of physiognomical expression he does not consider proved. At all events, he thinks Darwin could have made his views plausible only by showing that conscious movements originated in reflex actions. In the chapter following, the nutrition of the brain is considered. The circulation of the blood is minutely detailed, and the chemistry discussed. The Doctor enters upon the domain of weights of the divisions of the brain, and supplies new material as the results of his own labors in that direction. When speaking of the wealth of cerebral convolutions, he asserts that facts of comparative anatomy are not in accord with the view that the wealth bespeaks nutritive development, as the development of cerebral convolutions is governed by the laws of mechanics. But a little further on, he adds, "And yet we must not fail to mention that within one and the same species a certain relation does exist between the number of convolutions and the grade of intelligence." An appendice on the mechanism of expression concludes the book.

An Atlas of Clinical Microscopy. By ALEXANDER PEYER, M.D. Translated and edited by ALFRED C. GIRARD, M.D., Assistant Surgeon United States Army. First American, from the manuscript of the second German edition, with additions. New York: D. Appleton & Co.

This excellent work has its great value in the fact that it is truly an atlas. It is a picture book, containing print enough merely to explain the illustrations. The illustrations, however, are of such a quality as to require little explanation to an eye at all familiar with the subjects to which they allude. The first chapter is devoted to the examination of the blood, and consists of three plates, each plate containing four well drawn pictures of blood in health and in disease. The only one we would criticise is that of the anthrax bacilli, which, we think, might have been truer to nature. Chapter II. discusses the mammary secretion, and has but one illustrative plate. The third chapter, which is by far the largest in the work, is devoted to the urine. It embraces sixty-three handsome plates, and, with the exception of one or two pictures (notably plate five), is the best thing of the kind we have ever examined. This chapter discusses accidental foreign bodies, mucus, urates, uric acid, oxalate of calcium, hippuric acid, sulphate of calcium, neutral calcium phosphate, earthy and triple phosphates, ammonia urate, calcium carbonate, pigments of urine, leucine and tyrosine, cystine, blood and pus corpuscles. Renal crusts follow in six plates; and epithelium and bacteria end the first section of chapter III. In the second section the various deposits are grouped together as found in the different renal diseases. Section 3 is devoted to diseases of the bladder, and section 4 to chronic urethritis. Spermatorrhœa has ample space in the last section of this chapter. The microscopy of the expectoration next engages the attention. Chapter IV., with fourteen plates, is given to this important subject. The stool has not been overlooked in this book, chapter V. being devoted to its consideration. The author urges the importance of this field of microscopy, believing that much valuable information could be gained were it more generally attended to. The contents of the stomach are next considered in two plates, that of an ovarian cyst in one picture, the secretion of the female sexual organs in one plate; and, ending the book, a picture of some micro-organisms found in disease is presented.

We would add, in terminating our notice of so valuable and unique a work, that it seems beautifully adapted to the wants of the general practitioner as well as the student of pathology.

Manual of Microscopical Technology. By CARL FRIEDLANDER, M.D. Translated with the express permission of the author from the second enlarged and corrected edition, by STEPHEN YATES HOWELL, M.A., M.D., Buffalo, N. Y. New York: G. P. Putnam's Sons.

That which would strike one forcibly while reading this little book, is the amount of space devoted to the consideration of micro-organisms. Their staining characteristics engage the attention throughout the work. Staining materials and staining processes, both of bacteria and of tissues, are nicely described. The examination of the fluids of the body, including urine and blood, is considered. However, the space devoted to the urinary secretion seems rather diminutive when compared with that of some other subjects, considering their relative values. Careful consideration is given to the septum. We are glad to see that the Doctor lays so much stress upon the microscopical examination of the blood. In speaking of diminution of red blood corpuscles in anæmia, he states that a little practice enables one to recognize the more marked alterations of this sort directly, and without the aid of a special apparatus—thus bringing the examination of blood down to a practicable thing. Ehrlich's researches on the properties of protoplasmic granules in white blood corpuscles are referred to. Secretions of the genital apparatus find consideration in the book. Examination of the solid structures of the cadaver, extirpated tumors, etc., forms the topic of the last chapter. This little work contains many valuable suggestions and directions for work, and is thoroughly up to the times.

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COMMERCIAL NEWS.

A Pure Coca Wine.

The most gratifying results have been obtained from the continued use of Llewellyn's Tonic Coca Wine in several cases that have come under our notice. This is evidently owing to the fact that it contains no sugar, therefore placing in the hands of physicians a remedy that will serve them well in cases of diabetes, rheumatism, gout, etc

The powerful stimulant and tonic properties of Llewellyn's Coca Wine come entirely from the excellent quality of Coca used, and superior method of preparation, and not from excess of alcohol. It therefore produces no reactionary effects, and may be taken for any length of time without other than good results following its use. It contains no foreign substances, but represents alone the nourishing, strengthening, and sustaining powers of erythroxylon coca in a palatable though concentrated form, each tablespoonful containing the medicinal properties of fifteen grains of fresh selected leaves. See advertisement on page 12.

Pedantic.

The following is a *verbatim* copy of a prescription sent to a drug store in this State by a *quack* doctor—

R. Buissmous
Cliseren
Rose Watter
Mix—q. t. of every sings.

Dr. Rose's Peptonized Beef.

65 Twenty-Second St.,
Chicago, Dec. 26, 1885.

Chapman, Green & Co.,
Manufacturing Chemists, Chicago.

Gentlemen: I promised you when you sent in the sample of Dr. Rose's Peptonized Beef, to give it a thorough trial in my practice. I confess that I commenced with a prejudice against these preparations, never having seen the good effects promised for them. I commenced by using it myself, in warm milk, and found it delightfully agreeable and soothing, not only to the stomach, but the nervous system.

I have prescribed it largely, and without exception, my patients are pleased with its effects. It is especially valuable in atonic dyspepsia, catarrh of the stomach and bowels, acid indigestion, low fevers, diphtheria, and particularly in neurasthenia in all its forms.

It is a real peptonized food, and I cannot imagine a case where it will not agree with the stomach.

As a food for infants, when all starchy foods are not well borne, this will act as a powerful nutritive agent, and a sedative to the whole system.

As a dietetic agent, it is the greatest boon lately presented to the medical profession.

Very sincerely,
E. M. Hale, M.D.

Note.—A one-half pound sample of Dr. Preston B. Rose's Peptonized Beef sent free to any physician who is willing to pay express charges. Address the sole agents,

Chapman, Green & Co.,
Chicago, Ills.

Little drops of water,
Little grains of milk,
Make the little doctors
Of Homœopathic ilk.

Epilepsy.

I have used Peacock's Bromides in my practice with success. A little girl of twelve years had been afflicted with epilepsy since she was three months old, having epileptic convulsions nearly every day until I put her on Peacock's Bromides, since then she has not even had a symptom of one. It is surely a great remedy.

Jefferson Wilcox, M.D.,
Hazlehurst, Ga.

A Curious Epitaph.

The Boston Med. and Surg. Journal says that the following was found on a gravestone in a country churchyard in England, on Mrs. Arabella Greenwood, who died in childbed, written by Rev. Mr. Greenwood, D.D.—

O deathe! O deathe! thou hast cutte down
The fairest Greenwood in all this towne;
Her virtues and good qualities were suche
That she might have married a lorde or a judge;
But such was her condescensione, and such her humilitie
She chose to take me, a Doctor of Divinitie,
For which heroicke act, she stands confeste
Above all others the Phœnix of her sexe,
And like that birde one younge she did begette,
That she might not leave her sexe disconsolate.
My griefe for her is so verie sore
I can onlie write two lines more:
For this, and everie good woman her sake,
Never let a blisterre be putte on a lyinge-in-woman's backe.

Malarial Poisoning.

I have much pleasure in bearing testimony to the remedial effects of Peacock's Fucus Marina. I am better pleased with its action than anything I have ever used as an antidote to malarial poisoning.

J. T. Herndon, M.D.,
Keysburg, Ky.

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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, MARCH, 1886. No. 3.

CLINICAL LECTURES.

GALLOPING CONSUMPTION; GANGRENE IN DIABETES; NEURALGIA.

BY ROBERTS BARTHOLOW, M.D., LL.D.,
Professor of Materia Medica and Therapeutics in the Jefferson Medical College.

DELIVERED AT THE JEFFERSON MEDICAL COLLEGE HOSPITAL.

THE first case that I have to present to you to-day, gentlemen, is a case of acute phthisis, commonly known as "galloping consumption," a very expressive phrase, for the disease neither walks nor trots, but, in truth, it really gallops. This case will illustrate the terrific rapidity with which this terrible disease sometimes advances, for this young man was able to be at his work until December last, when, for the first time, he noted symptoms of ill-health, and his decline to the condition in which you now see him has been wonderfully and wofully rapid. His face presents the peculiar characteristics so often observed in acute phthisis; there is, as you see, great pallor, and at the same time he is very sallow, such as we see in broncho-pneumonia, with consolidation and resulting phthisis that is inflammatory in character.

Let me explain to you that we have three distinct types of consumption. First, pure tuberculosis; second, catarrhal pneumonia, resulting in a breaking down of the pulmonary tissue; and third, the fibroid lung, which begins usually as a bronchitis, or very often as a pleuritis and finally invades the pulmonary tissue proper by extension by contiguity of tissue. These three distinct types we are amply able to recognize clinically. The phthisis from broncho-pneumonia is usually sudden in its onset; there is fever and sometimes an extreme range of temperature. There is pallor and great difficulty of breathing, owing to the fact that so much of the lung is implicated. The patients will become easily chilled, in fact they will often have severe rigors, followed by very high temperature. In fact a variation from below normal to four or five degrees above is very characteristic of this form of the disease.

I wish more particularly to speak to you about the management of the disease, for, after all, this is the important point; the diagnosis will usually be easily made, for the disease will be only too evident. Notwithstanding the severity of this form of consumption, the prospects for recovery are often very fair. It is in this form that treatment may be expected to do good. The disease is inflammatory in type, there are extensive catarrhal deposits that undergo caseation, the fever is truly septic, there is really a septicæmia, and the expression "hectic," which you so commonly hear, I consider to be a misnomer, for, as I say, it is really septic and should be so called. I have in such cases often seen very good results from the use of carbonate of ammonium given persistently in a solution of acetate of ammonium. This seems to produce dissolution and absorption of the exudate. If caseation has progressed far then the bacilli are formed, and we cannot then hope to do much, but in the inflammatory stage, before caseation has far advanced, we can do a great deal with these remedies, with which we may

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also combine the iodide of potassium, which possesses absorptive power. In using these remedies we must be careful not to upset the stomach, and I therefore give them, in moderate doses, not more than three grains of the carbonate and five grains of the iodide at a dose. During the whole course of the treatment, unless some circumstances exist that absolutely prevent it, we should resort to inhalations of ethyl iodide or creasote and iodine or tincture of iodine and carbolic acid. I very decidedly prefer the former of these drugs, which will exert a very great influence in moderating the cough and relieving the oppression of breathing. It is also of great value, because by its use we can introduce iodine into the system with less derangement to the system than in any other way, and iodine is a valuable drug in this affection. It possesses a great advantage over all other ethers in that it has no tendency to derange the brain, as all the others do. It is not used so much for the ether that it contains as for the iodine, and this it introduces in a most satisfactory way, for it passes with the air into the most minute and distinct portions of the lungs and there exerts its good influence. I order it to be inhaled directly from the bottle, the heat of the hand suffices to vaporize it, and no elaborate apparatus is necessary. I always instruct the patients when using it to breathe deeply and slowly, thus they best suck it well into the lungs. As this disease is due to deposits, we must endeavor to act directly on them, and this we can best do in the way I have indicated, with ethyl iodide. One drawback to its use is that it is quite expensive, which puts it beyond the reach of the poor. When for this reason it cannot be used I am in the habit of substituting for it equal parts of carbolic acid and tincture of iodine or of creasote and tincture of iodine. Creasote exerts remarkably good effects in these cases. It may be because it is an antiseptic or it may be for some other reason, but whatever be the cause, it is a well-observed clinical fact that it does do good. These drugs are to be inhaled in the same way as the ethyl iodide. A few drops are placed on a sponge, this is put in a small bottle, which is placed in hot water, and as the vapor arises it is inhaled.

Let me here warn you against the use of atomizers, they are absolutely worthless and no good at all. It is a fallacious notion that medicines should be given in this way, the greater portion of the drug will condense on the tubes and on the pharynx, very little will get as far even as the larynx, and it has required a very delicate chemical test to find any at all in the lungs. If then so little gets past the chink of the glottis as to require a delicate chemical test to determine its presence, I cannot see how such an infinitesimal amount can exert any influence worth speaking about on the disease, so then do not waste your time and trifle with your patients' health by using atomizers. These remedies that I have recommended are not irritating to the chink of the glottis, hence they are allowed freely to pass, but any remedies that are irritating cause spasm, closure, are unable to pass through, and are utterly useless.

Now then the question arises as to whether we should act on the high temperature or not. Quinine and antipyrine may do some good when the temperature is very high, but since this hyperpyrexia is in reality septic in its nature we cannot expect very much benefit from such drugs. Therefore I do not lay very much stress on their use. Now there is one drug in which I place great reliance, and that is aconite, the good it does is conspicuous, it not only checks waste by checking perspiration but it seems to exert an influence on the nerves of the lungs. It is of no use in tubercular or fibrous phthisis, save in so far as it serves to check perspiration and thus to prevent exhaustion consequent upon it, but in the variety under consideration, where there is caseous degeneration, it softens and promotes extension of the exudate and really seems to have some specific action on this form of phthisis. Some years ago I first made this recommendation, and it was taken up and favorably written upon by Dr. Fothergill, of London. Those who have unfavorably criticized its use, and this has been done by several, have done so under a misapprehension of my recommendation. They made a mistake in supposing that I had recommended it generally in all forms of phthisis, and being disappointed in its use in the tubercular and fibroid varieties, they condemned it. But I say distinctly that it is of no earthly use in those varieties, being only serviceable in the catarrhal variety now under consideration. So also I wish to impress upon you that it is only useful, even in this variety, at one period, that is comparatively early in

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the disease, before much caseation has taken place and before the bacilli are deposited. It should be given morning and evening, and its use persisted in for a long time.

A very important element in treatment is to maintain the nutrition, for which purpose we will order this patient small doses of cod-liver oil and put him on a diet that he can well assimilate; no matter what kind of food he takes, that is to say, that his diet need not be restricted, but whatever he can well assimilate, whatever is found to make flesh and strength may be allowed. However, this statement must be somewhat qualified, for while his diet need not be restricted, it will be of great importance to get him to consume as much animal food as possible. In this great consumption of animal food is to be found the method pursued by Debove in the treatment of phthisis, a method which is now attracting great attention in France. He passes dry and pulverized animal food through a tube into the stomach. A notorious New York quack has grasped this idea of treatment and is making a fortune out of it. Debove dries his meat, finely pulverizes it, and mixes it with condiments, as salt or pepper, and introducing a tube into the stomach, passes the pulverized meat through it. In this way two or three pounds of meat may be given at a time, and, what perhaps you are not prepared for, the stomach is able to take care of all that it receives. It digests it all and makes flesh and strength out of it. There is a popular notion that the stomach will only digest a certain amount, but this is an erroneous idea, for in truth it will take care of all that is given to it.

In these cases we will often derive remarkably satisfactory results from the use of the mineral acids, notably from nitric acid. I know a physician who has resorted to this method of treatment and he has had certainly very good results. It may be used in full doses and pushed as long and as far as the patient will bear it.

Now we come to the question of exercise, and this is a very important point in the therapeutics of this disease. The principle that I would formulate for your guidance in this direction is that when the temperature is above 102° F. the patient should avoid all exercise. He should be daily (when the inclemency of the weather does not forbid it) exposed to the air and sunshine, but active exercise will increase tissue waste, and will thus have a tendency to elevate the temperature and to more rapidly consume the vital flame.

Gangrene in Diabetes.—This woman presents an interesting point for our observation. You see that she has gangrene of the little finger, and I tell you that she has a history of diabetes. It is a peculiar fact that sometimes the first feature that will attract attention in a case of diabetes will be the occurrence of boils or superficial ulcers on various parts of the body. When you will meet, as you frequently will, a person about middle life, who commences suddenly to grow fat, who is seemingly in the best of health, and in whom a succession of boils occur, it will be well for you always to examine the urine for sugar, for in many such cases you will find it. Now this woman's trouble began six years ago. She is thirty-seven years old, and when I inquire into her history, I find that she has lost one sister, but that the rest of her family are alive and well. This sister, she tells us, commenced suddenly to grow fat in early middle life, when she was seized with an acute attack of pneumonia and died therefrom. Now this is a very significant history, for I think it very likely that this sister had also diabetes, though it was not suspected, and we have therefore no history of it. But it is not at all uncommon for these victims of unsuspected diabetes to be suddenly carried off by pneumonia. We may draw a conclusion as to the result of treatment in diabetes from the condition of nutrition of the body. If the patient is of a full habit and the nutritive phenomena are going on fairly well such a person may live for years if they will carefully avoid that aliment that goes to make sugar. Those who offer to us a strumous or phthisical history and those who are thin, worn, and nervous have very poor chances, and such cases will give us a great deal of trouble. But, as I said before, in the former class of cases we can promise many years of life if our instructions are carried out.

This woman passes about four quarts of urine daily, and it has the great specific gravity of 1050. By quantitative analysis we find that it contains twelve grains of sugar to the ounce. In all doubtful cases it will be well to compare the specific gravity with the amount of urine passed. When the quantity passed is persistently very great and the specific gravity very high, we have good reason to suspect the

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presence of sugar. It is not, of course, necessary that we should know the amount of sugar present, it is enough for clinical purposes that we know the fact of its existence.

In some diabetic patients we will have a peculiar form of cataract, known as diabetic cataract; I do not note any such condition here. Acute phthisis not infrequently occurs in the course of diabetes, and in this way many cases find their termination; there is the so-called "diabetic consumption."

Now, as in the first case, what I more particularly desire is to call your attention to the treatment, for the diagnosis is usually very easily made. The first and greatest point in the treatment is to exclude from the dietary all articles that go to make sugar, all starchy and saccharine articles, gums, and all other articles capable of this conversion. Such vegetables as raw cabbage, celery, spinach, and tomatoes may be used, while pure glycerine will make an excellent substitute for sugar in coffee and other places where sugar is generally used. Cranberries may be eaten, the glycerine being used to remove their acrid taste. The diet, as a rule, should be as near an animal diet as possible. A celebrated London physician has derived much of his reputation from confining his patients to an animal diet. The skim-milk cure has been highly lauded of late, but I am not very enthusiastic over it, as it does not contain the elements to maintain flesh and strength for a long-continued time. There are, however, some persons who will thrive very well on skim milk, and in such persons, when suffering from diabetes, very good results will be achieved by its use. You might suppose that the sugar of milk was an objection to its use, but it has been demonstrated that milk-sugar is not convertible into dextrine or grape-sugar, so that in suitable cases the skim-milk treatment can be satisfactorily used. All fruits containing sugar must be avoided.

Now as to drugs, there are certain mineral waters that are extremely good, for example, the alkaline mineral waters of Wisconsin. In France and Germany the Vichy water has a great reputation, and every year at the Vichy springs are to be seen many diabetics. The Carlsbad cure is greatly in vogue in Germany. Now, in this country, we have some springs that are very similar to it, only that they are not quite so rich. The Bethesda water of Wisconsin and the alkaline springs of Michigan are very useful, they are weak, so weak that it is necessary to drink very large quantities of them. I have seen very great good result from the use of Bethesda water. The Vichy water of Saratoga is very like the French Vichy, not quite identical, yet very useful in this disease; so that we have just as good springs in this country as they have in Europe, and we need not send our patients on long and expensive journeys for that which they can procure at home. Therefore, in addition to diet, we should advise our patients to drink freely of alkaline mineral waters.

Of drugs, proper, very many have been recommended. I have seen what was apparently a cure result from the persistent use of carbonate of ammonium, which, however, is only indicated in fat, obese patients, being seemingly useless in thin, nervous persons; for the latter, the alkaline treatment even seems too depressing, it depraves the blood too quickly. In cases of hepatic origin I have seen very good results from the use of phosphate of sodium, more indeed than from any other drug; I say it is especially useful where there is hepatic complication, and I will add, that there are very few cases of diabetes without such complications. I have also found good results from the use of chloride of gold and sodium, which, when persistently used, I have seen work apparent cures. I can now recall several such cases. In these cases I also gave the phosphate of sodium, alternating from one drug to the other. But I also believe that the former alone will do good, and I give it a very high place in the therapeutics of the disease. In a case like this, where the gangrene evidences the run-down condition of nutrition, remedies must be directed to the disturbed nutrition, and when the patient is thin and anæmic, we should give cod-liver oil, which is important both as a drug and as an aliment.

Neuralgia.—Here is a case of neuralgia of the face and head, extending around to the spine, in a young lady who is decidedly anæmic, and has disorders of digestion. Such a complexus of symptoms is very common; you will meet such cases every day. This woman leads a sedentary life, working indoors with her needle. She has a poor appetite, and lives chiefly on bread and butter and tea, and starchy food. As a result of the confinement, improper food, poor digestion, and faulty assimilation, her nervous system becomes anæ-

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mic, and she suffers from neuralgia; she has what we have spoken of, "neurasthenia." The pain here is mostly located in the fifth nerve and its branches. Now, how can we benefit such a case? The most important indication is to procure a change of occupation, to substitute an active, out-door life, for this sedentary, in-door existence. Then we must exclude the starchy and saccharine articles from her diet, and forbid the use of tea and coffee. She must have nitrogenized food, such as milk, eggs, and meat. I do assure you, that the hygienic management of such a case is of prime importance. For drugs we will use iron, quinine, or the triple phosphates of iron, quinine and strychnia, or cod-liver oil. But the chief reliance must be placed upon the regulation of the diet.

OXYGEN IN THERAPEUTICS.

BY C. C. VANDERBECK, M.D., PH.D.,
Lecturer on Hygiene, Medico-Chirurgical College, Philadelphia.

GENTLEMEN: You ask me what relation does hygiene bear to clinical medicine? Are they in conflict? Is a sanitarian outside the pale of the regular profession? Can he with conscience use drug treatment? There is no conflict between the two great departments of practical medicine. The one is an aid to the other. A true physician will not abjure the one and cling to the other; he gathers from all sources, from the earth, below the earth, above the earth, from all philosophies and pathies; he uses all that is proven of value to suffering humanity; he is not restricted to a narrow basis of action, claiming no peculiar appellation; he is simply, grandly an M.D.—a *doctorem in arte medendi.*

It must be admitted the profession has looked with a jealous and suspicious eye on the advances of sanitary science. Hygiene has been a favorite cloak for many a rampant empiric, and numerous one-sided medical systems, but, by the rapid advances of the true science, with a goodly number of brilliant victories, under world-wide known leadership, it is coming about that each year it is better recognized and more warmly welcomed to the fellowship of the regular schools and systems.

At my graduation, March, 1872, there was not one State Board of Health in the United States; there was no American Public Health Association; there were but few professorships or lectureships of hygiene. How rapidly State Boards are forming, how college authorities are adding hygiene to the curriculum, how the popular wave is at last in matters of prevention, you all are conversant. Surely this grand determination to fight disease, meeting it more than half way, is the glory of the nineteenth century.

Do not imagine, gentlemen, that hygiene is alone for the well man. It is also the sick-room science.

It may be making a departure from the usual orthodoxy, when I now call your attention to a hygienic therapeutic agent much neglected. My mind is convinced of the great truth embodied in Dr. Wallian's generalization: "From the same agencies and elements which nourish, encompass, and sustain us in health, must we at last seek remedies through which to recover lost physical status."

Is it not true that every vital process, construction, maintenance, repair, disintegration, is accomplished directly or indirectly through the vital agency of oxygen? Is it not, as Wallian says, the rush to Europe, the numerous watering-places, and the mountains, essentially an unconscious hunt for this oxygen? When in my lectures we studied the many sources of contamination of our air, the evil influence of many occupations, of cramped positions of confining business, was it not all a variation on the theme oxygen? When physiology teaches us that "we must inspire this gas with every breath, drink it with every draught, move in it at every step, and live immersed in it as a perpetual bath, or perish, do we wonder that preventive medicine deals so largely with ventilation and air contamination? When the same science tells us that 12,500 gallons of air is required to supply the lungs of an average adult for twenty-four hours, that 2500 gallons of this is oxygen; therefore, about 100 gallons of pure oxygen is required each hour to supply the requirements of a healthy adult organism, is it any wonder that the pathologist and etiologist claim that vitiated atmospheres are among the most potent and widespread of all the predisposing causes of disease, though the effects may not be sudden, causing no pain or discomfort for a time, but slowly and imperceptibly cumulative and tending ever downward in stamina, and toward disease and premature death?

The studies in the newer fields of germ diseases seem to confirm our previous opinion,

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that bad air is the culture-fluid of all zymotic and germ-engendering disease the world over. And this has led naturally to the conclusion that the original and only unobjectionable and universally efficient antiseptic is pure oxygen.

Are we not, gentlemen, robbed of a due proportion of this wonderful gas all along the devious path from the cradle to the grave? While being firmly convinced of the great need of purer air for all men, women, and children in all their duties of life, by day and by night, let us pass to the consideration of using oxygen as a method of treatment, or, at least, as a useful adjuvant to our therapeutics.

History of Oxygen in Therapeutics.—I do not propose to give an exhaustive *résumé*. My object is attained when you see that this subject is not strictly new, and that a considerable amount of clinical facts by prime observers are on record.

History of its Therapeutic use.—"As early as 1772, Marching Poullé, of Montpellier, and in 1774, Girtanner and Stoll, of Germany, attempted the use of oxygen gas in the treatment of diseases, with what results does not appear. The first reported case, of which any definite record remains, in which this agent was used, was treated by Caillens, in 1783. In the following year, Jurine, of Geneva, published a short essay on the subject, and reported a case of phthisis in a young lady very much benefited by oxygen.

"The next record is by Chaptal, of Montpellier, who, in 1789, reported two cases of phthisis treated by the same agent, in one of which marked relief was obtained, while in the other the results were negative.

"To Beddoes, more than to any other, belongs the credit of having called the attention of the profession in England to the medical use of the gas. His experiments were conducted on an extensive scale, and with a perseverance and enthusiasm worthy of a more practical success and a better recognition than he secured.

"Other names occurring in connection with early experiments with the gas as a remedy, are those of Priestley, its co-discoverer, Lavoisier, Barthollet, Spallanzani, Thornton, Hill, Cavallo, Erichsen, Demarquay, and others. Sir Humphry Davy also materially assisted Beddoes in his chemical manipulations. The latter was a practitioner of note, and also Professor of Chemistry at Oxford.

"Considering the extremely crude state of chemical knowledge prevailing at the time, it is fairly remarkable that any encouraging results were attained. To illustrate, Beddoes and his confrères procured their gas from an oxide of mercury, through what would now be deemed a crude and bungling process. The purification of the gas was so imperfectly accomplished that in some instances pytalism ensued, and the treatment had to be suspended to prevent mercurial poisoning.

"The methods of exhibiting the remedy were also very imperfect, the patients being caused to remain for some time in closed rooms, the atmosphere of which had been previously impregnated with the desired gas. Thus the sufferer was caused to sit in and inhale an atmosphere, which, already tainted by an impure gas, was being constantly further contaminated by his own, perhaps fetid, exhalations, and having no way by which it could be definitely regulated or renewed."—WALLIAN.

Dr. Busch, writing in 1857, says he has employed oxygen gas in his practice for some time and with most encouraging results. In the Lancet, 1858, Dr. C. R. Francis writes in laudatory terms of the use of oxygen inhalations in a case of scarlatina with putrid sore throat. His case presented livid countenance, coma, and almost imperceptible wrist-pulse. Oxygen was given six times in the space of two days, keeping the patient alive, giving an opportunity for other medicine to act, and with a final cure. He remarks, in this case there was simply a tendency to extinction of life from the noxious poison, and in just such cases great benefit may be expected from the use of this gas. In 1866, the American Medical Times reports a case of dyspnœa from cardiac disease, at the New York Hospital, greatly relieved by oxygen inhalation.

Perhaps the best plan to further study this subject, is to group under certain diseases what I have been able to find concerning their treatment by inhalation of this gas.

Anæmia.—"Everybody knows how difficult it is sometimes to get some much enfeebled chlorotic patients to take reparatory aliment, so great is their disgust for all azotized aliment, vomiting often ensuing when they attempt to eat meat. Some women live upon a little bread and salad, and the quantity of urea they eliminate is then very small, sometimes as little as from four to six grammes in twenty-four hours. In such women treatment becomes

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very difficult, it being nearly impossible to reproduce appetite in them. In these cases, Dr. Hayem, of the St. Antoine Hospital, Paris, employs a means which has furnished the most excellent results, and which consists in the daily inhalation of oxygen. The appetite soon returns, the vomiting disappearing at the same time; and so well do the patients then support azotized aliments, that the four regular 'portions' of the hospital diet scale become insufficient."—*Med. and Surg. Reporter.*

Ringer sanctions the use of oxygen in anæmia.

Dr. Buttles, of New York, reports in the New York Medical Journal three cases of anæmia successfully, and in one case brilliantly treated by this means.

Oxygen inhalations have also been found serviceable in relieving and curing or assisting in curing anæmia, as well as dyspnœa, diphtheria, asthma, and croup. Beddoes says in essential anæmia, chlorosis, anæmia of convalescents, of newly-delivered females, or from hemorrhage, fatigue, and prolonged suppuration, oxygen gives most grateful results. In obstinate anorexia, it is one of the best means of stimulating the appetite.

"As a means of stimulating retarded tissue metamorphosis, inhalations of oxygen promise much. The Deutsche Med. Wochensch., of October 10th, contains the substance of a lecture given by Dr. Kirnberger in the Medical Society at Mayence, on the treatment of leukæmia and pseudo-leukæmia, in which he suggests the inhalation of oxygen as a means of obviating the retarded tissue-metamorphosis which is characteristic of this disease. He cites a case in which he employed this treatment with good results. The patient, a boy aged ten and a half years, who had been treated with iron, arsenic, and quinine without any benefit, improving greatly, and finally becoming cured after the inhalation of oxygen, combined with arsenic, internally. The boy had reached a condition of extreme weakness, being entirely confined to bed, with loss of appetite and tendency to vomiting; the spleen considerably enlarged, and white and red blood corpuscles in the proportion of one to ninety. The treatment began in December, 1882, and after a daily inhalation of about thirty litres, the boy could leave his bed in ten days, and could go to school about the end of February. Some variations in his condition occurred from time to time; but about the middle of September the author considered him to be definitely cured, the number of red corpuscles having returned to the normal."—*Med. and Surg. Reporter.*

Dr. Andrew Smith, New York Med. Record, 1871, says oxygen inhalation causes an average of nine beats less in the heart. It acts upon the blood in such a way as to facilitate its flow through the capillaries.

Asthma.—M. Demarquay reports three asthmatics treated with oxygen. In one case the success was marvellous. The other cases were complicated with emphysema and suffocating catarrh; in these the inhalation effected an amelioration of the symptoms.

Albuminuria.—Eckert has seen albuminuria cease under the influence of the inhalations. Dr. Paul, of France, reports a case in which the albumen disappeared, but afterwards reappeared and carried off the patient.

Asphyxia.—Dr. Wallian formulates from a paper by Layssel, the following:—

"1st. In certain cases of poisoning, viz., by chloroform, ether, chloral, opium, sulphide of hydrogen, carbonic oxide and hydrocyanic acid, oxygen is the only means of preserving life after all other means have failed.

"2d. Its presence in the operating room would be an infallible safeguard against fatal accidents from the use of anæsthetics. It promptly restores sensibility and elimipates narcosis in all such cases.

"3d. It offers the best prospects for success in asphyxia from strangulation, drowning, poisonous gases, etc., as also in cases of suspended vitality in the new born.

"4th. It will almost surely sustain life in all cases in which respiration has not entirely ceased, even if the intervals between inspirations be very great, provided it be persistently exhibited.

"5th. If cardiac and respiratory action have been absent for but a short time, resuscitation is often possible through the use of oxygen; and this agent should be perseveringly used in all such cases, even when appearances indicate that all efforts will prove useless. Cases have been frequently reported of drowned persons and apparently stillborn children being fairly raised from the dead by persistent endeavors with oxygen.

"6th. There is no contra-indication of the gas in any case of asphyxia.

"7th. The gas can be respired in notable quantities without the slightest injury.

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Dr. Paul reports a case of laudanum poisoning, and three cases of suffocation from charcoal fumes saved by oxygen inhalations.

Demarquay, Duory, and Ozanam consider oxygen the antidote for all the asphyxias.

Duory and Ozanam insist upon the use of oxygen for relief in cases of overaction of an anæsthetic. Professor Jackson, of the University of Pennsylvania, also advised such use of the gas.

[To be continued in April number.]

ORIGINAL COMMUNICATIONS.

THE COLLECTION, REMOVAL, AND DISPOSAL OF KITCHEN-GARBAGE.

BY E. L. B. GODFREY, M.D.,
Member of the New Jersey Sanitary Association, etc. etc.,
Camden, N. J.

THE removal of filth by sewerage has been thoroughly studied and amply provided for in most cities. But the methods and appliances for the collection, removal, and disposal of garbage, ashes, street dirt, etc., have not received in some of the smaller cities the attention their importance demands. The subject, therefore, is one of serious concern to health authorities, because of its direct bearing on individual and public welfare. Public health and enterprise unite in requiring thorough scavengering, and, therefore, only the means to be employed remain to be considered. The supervision of the work either devolves directly upon the municipal authorities, or is by them given out into contracts. The former method is the better, because the work can be more thoroughly systematized, and infractions of sanitary laws more quickly remedied. Under the contract system, the contractor is apt to look more closely to the financial terms of his contract than to the public health, and, therefore, the work is rarely done (whether in the collection, removal, or disposal) in a satisfactory manner. On the other hand, there should not be a division of responsibility among city authorities; for under such circumstances, the best results are not easily obtained. Neither should a work of such importance be in charge of a committee, who do not control either the appropriation, expenditure, or the force to be employed, and who, moreover, are not in office for a sufficient length of time to master the details of the work. The best and cheapest results would probably be obtained by making the collection and disposal of garbage a branch of the street-cleaning service, under the direct control of a superintendent. He should be responsible either to the executive, legislative, or health authorities, and should be furnished with all the force and all the appliances needful for the performance of his duty at the expense of the city. Under such circumstances, an intelligent supervision would soon establish the needs for thorough scavengering, and probably obtain a sufficient revenue from the sale of garbage, to sensibly diminish the expense of its collection and removal. Such a system is in vogue in Boston, and enough money is realized from the sale of properly collected garbage to pay about one-half the expense of its collection and removal. The scavenger department of Boston is provided with horses, carts, drivers, and helpers at the expense of the city. The men are required to enter yards and houses, and carry out ash and garbage receivers, and, after emptying their contents into the cart, to return the receivers to their proper places. When the cart is filled, the garbage is immediately taken to regular depots, of which there are four in the city, dumped upon raised platforms, and sold to farmers as food for swine. It is required that the collections of the day be disposed of before night. The carts are built by the city especially for the service, and when leakage occurs while passing through the streets, the fact is immediately reported by the police to the proper authorities. When no offal is found at inhabited dwellings, the case is reported to the Board of Health for investigation. The Boston method is a decided improvement over the methods of those cities which require ash barrels and garbage vessels to be placed upon the sidewalk to await the arrival of the scavenger, and after being emptied to be left in a damaged state when found. Such a measure is equally inconvenient to housekeepers, and unsightly to foot-passengers.

As to the collection of garbage, laws addressed both to the housekeeper and the scavenger would assist matters very materially. Each should have their special duties, the fulfilment of which would facilitate the efforts of both. The dry refuse of the kitchen should be kept apart from ordinary garbage. They should be placed in separate vessels, and collected separately. The throwing together of "slops,"

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ashes, tin-cans, old shoes, etc., interferes with the collection and disposal of garbage. Garbage utensils are often of themselves a nuisance. Wooden vessels, especially in the summer, become offensive from more or less absorption of liquid garbage, unless coated with a non-absorbent material. Galvanized iron pails are the best receptacles for the putrescent refuse of the kitchen. The pails should have air-tight coverings, and should be of a size to admit of easy handling, yet large enough to hold the accumulations of two or three days. Before being used for fresh deposits they should be thoroughly cleansed. Disinfectants should not be substituted for thorough cleanliness. Recent observations have shown that the ordinary methods of disinfection are not wholly reliable, and often give a false security where danger really exists. It has been said, and with much truth, that disinfectants cannot take the place of cleanliness any more than Cologne can take the place of soap and water. Owing to the early and rapid decomposition of kitchen-offal, removal should be made daily in the summer, and two or three times a week during the winter. In Philadelphia, garbage and offal are removed twice each week in January, February, March, and December; four times each week in April, May, June, and November; and six times each week in July, August, September, and October. This cannot be considered an excessive effort at cleanliness, when Parisians think it incumbent upon them to clean the streets of Paris every twenty-four hours, and that, too, between the hours of 3 and 6 A.M.

Garbage carts should be well-constructed vehicles, water-tight, lined with some impervious material to prevent absorption, and fitted with air-tight covers to prevent the escape of gaseous odors. They are, however, expensive in their original cost, and are with more or less difficulty kept in repair. If used, they should be made especially for the service. Water-tight barrels with suitable covers are used in some cities in preference to carts. When of suitable size, the barrels are more easily handled and cleansed, and are much cheaper. They can be transported upon trucks, and they afford less exposure while being filled than carts, and less chance for the escape of nauseous odors. They have, moreover, the advantage in that they can be left at hotels, while the one filled is taken away.

The final disposal of garbage is a problem of difficult solution. The size and location of the city (whether inland or along the sea-board), determines in a great measure the methods to be employed. A combination of two or more methods may be necessary. Those generally employed are as follows:—

I. Mixing garbage with ashes, etc., and throwing upon vacant lots.

II. Feeding to swine.

III. Making into compost.

IV. Removal to sea.

V. Burning.

I. The practice of mixing garbage with ashes, etc., and dumping them together upon vacant lots, is not uncommon in some cities. It cannot, however, be too strongly condemned. Were ashes free from admixture with other substances, they would in most cases form suitable filling. But more or less rubbish and dead organic matter is mixed with them, even though the law requires that ash-barrels be filled only with ashes. It is claimed that the absorbent power of ashes and earthy matter deodorizes garbage. This is in part true, but decomposition occurs so early, and is so rapid in kitchen garbage, that it often takes place before its admixture with ashes, and deodorization, therefore, is not always complete. Again, it is known that garbage and other organic refuse mixed with ashes, rubbish, etc., and thrown upon vacant places, undergoes decomposition very slowly, owing to the want of a free supply of oxygen. This, carried on in places long occupied by successive generations, exhausts the self-purifying energies of the soil. Excavations of land made up many years previously of ashes, kitchen refuse, etc., have disclosed decomposing organic matter. Living upon such land is not without danger, both of disease and death. Offensive emanations in such places contaminate, to a greater or less degree, the air, while the matter exposed to rain-storms pollutes the ground by soakage, and mingling these with whatever water the soil may contain, often carries to wells and springs the deadliest poison. Drinking from the barnyard well has often demonstrated this to the farmer. Aside from air and soil contamination, the decomposition of organic matter may give rise to the germs of specific fevers. It is known that decomposition is not strictly a chemical change, but that it is in part a vital process. It was formerly believed that when death dissolved the bonds by which the living elements are

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held, they rearranged themselves into new and more simple chemical compounds from their union with oxygen, and were thus reduced to their elementary state. But experimentation has shown that decomposition does not wholly take place, save in the presence of atmospheric germs. I use the term "atmospheric germs," because the germs are found floating everywhere in air, water, and soil, and upon all objects, whether animate or inanimate. They are more numerous than all other forms of life combined, and they have for their function the power to reduce, through putrefactive changes, dead organic matter into its original elements, from which it again becomes serviceable to new life. Found within the human system as well as without, their very universality forbids the view that they constitute the contagia of specific fevers. But being vital, they may, during the putrefactive changes it is their province to induce, become poisoned, and it is diseased germs, together with the morbid material they convey into the system, that become dangerous to life. The doctrine that specific fevers are of germ origin more clearly explains the phenomena of those fevers than any hypothesis heretofore advanced.

II. Feeding to swine.

It has been said that swine were created especially for the consumption of "swill." Especial pains is taken in some places in collecting garbage, on account of its marketable value as food for swine. But it cannot be argued that swill-fed pork is equal to corn-fed, and, therefore, this method is not generally popular. It is used to the best advantage in the country, among farmers, where all kitchen and dairy refuse is carried twice a day to the hog-pen. There it is probably unobjectionable, but in the city, during the hot weather, the condition of the average swill-pail becomes such that the contents are frequently full of living, animal matter. The swine, to which this is fed, are sold in city markets, to appear in various forms upon the city tables—a result not to be looked upon with entire satisfaction.

III. The making of garbage into compost.

This is one of the least objectionable methods for its disposal; but the large shrinkage makes it less remunerative than would at first appear. It cannot compete in value for the fertilization of land with sewage and other similar waste.

IV. Removal to sea.

The dumping of all garbage into the sea offers the best suggestion for its disposal in cities bordering on the coast. This is done in New York, Brooklyn, and Boston. New York employs ten boats, each of five hundred tons burden, known as Barney dumping-boats, which carry off all decayed vegetable fruit, and kitchen refuse, and deposit them at a safe distance from land.

V. Burning.

This offers a good solution of the disposal of garbage, where it has no marketable value, or cannot be carried out to sea. To as great an extent as possible, garbage should be cremated in the kitchen range or stove, when it can be done without annoyance to the household. This, however, is is often impracticable in the summer, especially in large families, owing to the use of fruits and vegetables containing a large proportion of waste. Neither is the average kitchen range constructed with a view to such purposes, nor is coal adapted for the consumption of moist substances. In Glasgow, garbage is removed to depots and there cremated, but there are no appliances for its cremation on a large scale in this country. The cost of the plant for large crematories renders the method at first sight objectionable, but without a properly constructed plant, it would be decidedly obnoxious. Their introduction in the large inland cities is only a matter of time. The growth of these cities, the constantly increasing distance from their business centres to the open country, and the higher standards of cleanliness now being enforced in other directions are strong arguments in favor of crematories for garbage. In the matter of garbage, rich and poor alike are exceedingly careless. Thorough supervision, therefore, in every part of the city in regard to the collection, removal, and disposal of garbage; frequent inspection of cellars and yards by officials of the Board of Health—these should not be considered too great an effort in the direction of cleanliness. Care and thoroughness in this direction will strongly evidence official enterprise, attested by marked improvement in public health, and a visible decrease of summer mortality.

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THE PHYSIOLOGICAL ACTION OF ESERINE.

BY JOHN WATSON, M.D.

ESERINE, which is one of the active principles of physostigma or calabar bean, acts powerfully as a myotic when applied directly to the eye. I have been using small tabloids, each one containing $\frac{1}{60}$th of a grain of eserine, which can be easily introduced into the inner canthus of the eye, where they are soon dissolved by the lachrymal secretions.

With tabloids of the above strength contraction of the pupil occurred five minutes after introduction, which contraction increased rapidly, so that in another three or four minutes the pupils had diminished to the size of pinpoints. On an average this extreme contraction continued for about twelve hours, after which it gradually passed off so that in another three or four hours the eye appeared quite normal again. These effects were noticed only in the eye to which the tabloids were applied, the other eye remaining unaffected.

There was marked dilatation of the conjunctival bloodvessels with great twitching of the eye, the myopia was extremely well marked, with great dimness of vision.

On closing the normal eye and trying to walk—the eye which had been experimented upon remaining open—it was found difficult to do so, owing to the imperfect manner with which surrounding objects could be seen, so sundry blows and falls resulted.

Throbbing and uncomfortable shooting pains were experienced down the nasal bone corresponding to the eye in which the drug was introduced. A feeling of nausea and faintness was sometimes experienced, but this was by no means a constant symptom. The pulse was slowed in about a quarter of an hour after application and became feeble, at the same time a feeling of giddiness and syncope was invariably felt, and abundant perspiration occurred, a feeling of lassitude and disinclination for active exertion was generally, though not invariably, present.

After using the above, I experimented with tabloids containing $\frac{1}{100}$th of a grain, the effects of which were manifested by diminution in intensity of the above symptoms, some of which —such as the nausea and nasal pain—did not occur at all in the majority of instances. The effects on the pupil were not manifested for fifteen or twenty minutes after application, as a rule; though after using six of the tabloids, the pupil contracted in about ten minutes after the application.

WESTMINSTER HOSPITAL, LONDON.

CASE OF BELLADONNA POISONING DURING PARTURITION; RECOVERY.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S., LONDON.

HENRIETTA C—, æt. 32, about to be confined of her third child, was attended by the village midwife, who was in the habit of replacing the local doctor in normal cases with his assent. As the labor was very slow and the progress small, the midwife sent to the surgery for some ergot, providing the messenger with a bottle to bring it back in. The doctor gave the bottle to his assistant telling him simply to fill it. The latter, not knowing either what the bottle had contained or what was required, smelled at the cork and, recognizing the odor of belladonna liniment, he forthwith filled the bottle with this and handed it to the messenger, not, however, omitting to paste a "poison" label across the phial. The midwife on receiving it promptly administered a teaspoonful to the patient, and, as in half an hour labor did not sensibly advance, another teaspoonful was made to follow the first. In the course of a couple of hours, however the "carryings on" of her patient thoroughly alarmed the midwife, the patient talked incoherently, had a "dazed" look on her face, and threw her limbs about quite indiscriminately. There was some sickness, but the patient gradually became comatose, and only muttered unintelligibly when spoken to loudly or shaken. The doctor was sent for, and when he arrived the patient was lying helpless on the ground, where her previously disordered movements had placed her; she did not reply to any questions even when put in a loud voice, nor did she rouse on being shaken, though she mumbled something on being put to bed. An emetic of mustard was administered, which produced vomiting after a little delay, but the patient still remained unconscious, with half open eyes and a rapid, shallow breathing. On vaginal examination the head was found low down on the perineum, the

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forceps were accordingly applied, and delivery effected without difficulty, the placenta following in due course and with no hemorrhage. The woman gave no signs of pain during these proceedings, and continued to sleep on for several hours. Ultimately she awoke and was much astonished on being told that the child was born, having herself no recollection of what had taken place. She said she felt "dazed," and complained of dryness of the mouth and throat, with headache and lassitude. Her speech was difficult and indistinct, probably from the dryness of the mouth. The symptoms gradually passed off, and she made an excellent recovery, without an untoward symptom.

HOSPITAL REPORT.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Polypus of Rectum.—Henry T—, æt. 14, schoolboy, states that he had suffered from some inconvenience about the bowel for about twelve months, and that lately he has been losing blood. He first noticed a mass protruding after the bowels had acted a short time ago. Is subject to "fits."

On examination a pedunculated, warty mass was found protruding from the anus, which bled easily on being touched. The pedicle is long, and attached to the posterior surface of the rectum. The boy appears otherwise in good health. Mr. Whitehead ligatured the polypus close to its attachment and removed the mass. The boy made an uninterrupted recovery, and was discharged cured ten days after admission.

Case of Anthrax.—George M—, æt. 54, French polisher, applied on account of an angry-looking swelling, measuring some six inches by four, situated on the back between the scapulæ. In its centre the skin had broken down, exposing the cellular tissue beneath. The surface was covered with sloughs, and discharged abundantly. On probing, it was found to be between two and three inches deep, and the skin around it is undermined. He passes his urine frequently and with difficulty. His appetite is poor and his sleep disturbed. Is very thirsty. Urine, sp. g. 1020, and contains sugar. His father died of old age, his mother of cancer of the breast. Has had fifteen children, of which eleven are living. Had a carbuncle on his neck some five years since, which lasted three weeks, and just lately he had been laid up with an abscess on the foot. On admission on the 1st inst., Mr. Bloxam removed some of the sloughing tissues, and ordered a poultice with liq. potassa permanganas. Temperature 101° Fahr. To take gr. j of pulv. opii twice a day, and a mixture containing ℥xx of tincture of perchloride of iron three times a day.

Subsequently sloughs were removed, and the carbuncle circumscribed by a broad strip of adhesive plaster. Patient passed 134 ounces of urine in twenty-four hours, containing sugar. He is very weak, and suffers intensely from thirst.

On the 10th, the patient was seized with severe rigor, which commenced at a quarter past nine and lasted until a quarter past ten, followed by profuse sweating. His temperature went up to 105.3° Fahr., at twelve his temperature was 104.3° Fahr. He died the next day after lying a few hours in a semi-unconscious condition.

Carious Cavity in Head of Astragalus.—Charles H—, æt. 19, tailor, came in with the following history: Twelve years ago he received a severe kick on his right foot, resulting in severe pain, which lasted over a year, and was accompanied by a good deal of swelling. At the end of the year some necrosed bone was removed, and the foot apparently got quite well, the patient being able to walk without pain. About two years after the operation a sore again formed, and this continued for some years, getting better and then breaking down. For the last three years the foot has been in a satisfactory condition, but a few months ago he "sprained" his foot, and this led to the reopening of the wound, which discharged pus, and from which pieces of dead bone came away occasionally.

Patient is evidently strumous. On examination of the foot a sinus was found over the head of the astragalus, discharging some thick pus, and on probing carious bone was easily felt. The whole foot was œdematous and painful when pressed upon.

The next day, the patient being under chloroform, Mr. Bloxam made an incision one and one-half inches in length over the anterior surface of the astragalus and gouged out a quantity

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of carious bone, making a counter opening on the plantar surface, in which he inserted a drainage-tube. The wound was filled with iodoform, and dry lint applied. Subsequently another opening had to be made on the outer side of the foot, to liberate a further collection of pus. The wounds were allowed to granulate from the bottom, and the patient recovered, with a very serviceable foot.

Case of Recto-Vesical Fistula Opening through Prostate.—Joseph J—, æt. 52, printer, applied in February, on account of his passing his urine per rectum. There was a history of gonorrhœa thirty years ago, lasting over several months, which was treated with internal remedies and injections. He had noticed the first signs of a stricture about fourteen years ago, and the conditions gradually got worse until he became quite unable to pass his urine naturally. He first went to an irregular practitioner, who passed elastic catheters, and under his treatment the stricture got worse, and ultimately became impassable. He then applied to his club doctor, who, after a great deal of trouble, succeeded in passing a silver instrument and drew off a very large quantity of urine. After this he was instructed to pass a gum elastic catheter himself (about No. 7), and improved so much that he thought he had quite recovered, the catheter passing with the greatest ease. He had no discomfort, nor, indeed, symptoms of any kind, until he noticed that a small quantity of urine escaped *per rectum* and this steadily increased in quantity. About a year ago he was admitted into Guy's Hospital where he was examined and put on tonics. He was told to use the gum elastic catheters for himself, and ultimately left the hospital without much improvement.

On admission he was evidently much debilitated, and complained of a troublesome cough. On examining the rectum by means of a speculum, an opening of considerable size was found between the bladder and rectum, traversing the prostate. He had a good deal of pain on passing water. Some days the catheter would be passed without much difficulty, and at other times this could not be done. His general health was so poor that he was recommended to a convalescent hospital.

EVERYTHING new and of value to the Profession is advertised in THE BULLETIN.

THERAPEUTIC NOTES.

CYSTITIS.

Dr. F. Clendenen (Therapeutic Gazette) says, during the last few years I have had a number of cases of cystitis on my hands, in which I have used the following prescription with the greatest success:—

℞. Tinct. elaterium . . 3j-3ij.
Ext. belladonna, fl. . gtt. xv-xxx.
Aqua . q. s. ad. fl. ℥iv.

M. Sig.—Teaspoonful every two or three hours.

With this treatment is usually combined a tea made of watermelon seed or elm bark. My failures with this treatment have been very few. In a few instances, where the case seemed somewhat rebellious, I have given the elaterium strong enough to get the cathartic effect of the drug. The specimen of elaterium from which the tincture is made should be perfectly pure, or the results cannot be depended upon. The way that I prepare the tincture is to exhaust one grain of elaterium in an ounce of pure alcohol, to which four drops of nitric acid have been added.

TONIC MIXTURE FOR CHILDREN.

℞. Phosphoric acid (dil.),
Tinct. chloride of iron . ää 3ij.
Syrup of lemon,
Water . . . . ää ℥iss.

M. Sig.—Teaspoonful every four hours for a child from three to five years old.

—*Maryland Medical Journal.*

INCONTINENCE OF URINE.

℞. Tinct. belladonnæ . . 3ss.
Tinct. ignatiæ . . . 3iss.
Tinct. cantharides . . 3ss.
Tinct. cinchonæ comp. . ℥ij.

M. Sig.—One teaspoonful in water three times a day.

ANÆMIA.

℞. Tinct. nucis vomicæ . . 3iss.
Acidi phosphorici dilut. . 3ij.
Tinct. gentianæ comp. . . ℥ij.

M. Sig.—One teaspoonful before meals.

INFANTILE COLIC.

℞. Ammonii bromidi . . . 3ss.
Tinct. capsici . . . ♏iv.
Syr. zingiberi . . . ℥j.
Aqua . . . . . ℥iss.

M. Sig.—One teaspoonful every hour when necessary.

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DIPHTHERIA.

Professor N. S. Davis considers chlorate of potassium, benzoate of sodium, belladonna, and iodine to be the most valuable of all the remedies that have been suggested for the treatment of diphtheria. Quinine, iron, and strychnia are also of service. In mild cases, Professor Davis usually recommends—

℞. Potassii chloratis . . . ʒiiss.
Acidi hydrochlorici dilut. . ʒj.
Tinct. belladonnæ . . ʒiiss.
Aqua . . . . . ʒviij.

M. Sig.—One teaspoonful undiluted every two or three hours.

In cases of greater severity, the patient should be given two or three alterative doses of calomel, and then directed to take the following combination, in addition to the chlorate of potassium and belladonnæ:—

℞. Iodine . . . . . gr. v.
Potassii iodidi . . . ʒss.
Aqua . . . . . ʒiss.

M. Sig.—Half teaspoonful in water every six hours.

In cases in which the breath becomes offensive, and the saliva abundant and mixed with a muco-purulent discharge from the throat and nostrils, better results can be obtained from the administration of—

℞. Strychnia sulphatis . . gr. ¼.
Tinct. ferri chlor. . . ʒiij.
Acidi hydrochlorici dilut. . ʒss.
Quinia sulphatis . . ʒss.
Aqua . . . . . ʒiv.

M. Sig.—One teaspoonful every hour and a half.

If ulceration occurs, moderate doses of carbonate of ammonia and camphor should be given in addition.

During the last few years, Professor Davis has frequently employed the benzoate of sodium instead of the chlorate of potassium in the early stages of the disease. It may be given in doses of from three to five grains every two hours. It appears to lessen the amount of exudation, and is especially adapted to the early stage of sthenic cases.

SPASMODIC CROUP.

℞. Potassii bromidi . . . ʒj.
Syr. ipecac. . . . . ʒj.
Syr. scillæ comp. . . . ʒij.
Syr. zingiberi . . . . ʒj.

M. Sig.—One teaspoonful every two hours.

TEREBENE.

We have had ample opportunity of testing the remedy recommended by Dr. Murrell, and we are able to report favorably in some cases. It appears to act not only as a sedative, but a stimulant to the bronchial mucous membrane, assisting expectoration, especially in bronchorrhœa. We have given it internally, five to fifteen drops four times daily. We must not expect to find it a panacea for bronchitis, emphysema, and every form of chest complaint. It will have a definite use in a certain class of coughs, and experience alone can tell the class of cases it is most useful in. Its flavor is pleasant, and some of our patients have thought it was nothing more than a strong camphor solution, from which its taste and smell is very different. Its practical use for the ordinary general practitioner has its drawbacks. We need not point out what these are, but we feel certain that the general practitioner will find out for himself what the objection is. The difficulty may be overcome by prescribing the following:—

℞. Terebene . . . . ɱlxxx.
Mucilaginis tragacanth . ʒij.
Ext. glyc. liq. . . . ʒss.
Aqua ad. . . . . ʒviij.

One ounce every four hours.

℞. Terebene . . . . ɱlxxx.
Ol. limonis . . . gtt. x.
Mucilaginis tragacanth . ʒj.
Aqua ad. . . . . ʒviij.

One ounce every four hours.

℞. Terebene . . . . ɱlxxx.
Mistura amygd. . . ʒviij.

M. Ft.—One ounce every four hours.

It is very light, and will not mix with water; but when shaken up, it is diffused, so that it might be given even in plain water, provided it is briskly shaken.—*Provincial Med. Journal.*

CHRONIC HYDROCEPHALUS.

Professor N. S. Davis recommends—

℞. Potassii iodidi . . . ʒiss.
Tinct. digitalis . . . ʒiij.
Tinct. hyoscyami . . . ʒss.
Ext. scutellaria, fl. . . ʒiss.

M. Sig.—Twenty drops four times a day in water.

CYSTITIS.

℞. Tinct. aconiti rad. . . ɱxx.
Sodii bicarb. . . . ʒij.
Infus. scoparii . . . ʒvj.

M. Sig.—Tablespoonful every four hours.

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WHOOPING-COUGH.

Hammond's specific—

℞. Am. bromid.	. . .	ʒj.
Tinct. lobelia	. . .	gtt. xx.
Tinct. stramonii	. .	gtt. iv.
Acid. hydrocyan. dil.	.	gtt. vj.
Syr. pruni. virgin.	. .	℥j.
Elix. cort. aurant.	. .	ʒij.
Aqua	. . . .	ʒvj.

M. Ft. sol.

Sig.—For a child eight to twelve months old ten to twelve drops every three or four hours.

This is regarded as well-nigh specific in that disease.—*Atlanta Med. and Surg. Journal.*

THE TREATMENT OF INFANTILE PARALYSIS.

The clinical features of the common and distressing affection known as infantile paralysis, essential paralysis, and progressive paralysis, are familiar to everybody, but the treatment has always been difficult and uncertain. In a lecture recently delivered by Dr. William Murrell, a plan of treatment has been formulated which, it is to be hoped, may prove as successful in other hands as it appears to have been in his own. The treatment consists essentially in the administration of aconite during the acute stage while fever is present, followed after the lapse of three or four days by physostigma, combined still later with suitable doses of phosphorus. So much for the medicinal part; but, simultaneously with the latter portion of the treatment, recourse must be had to massage, not the massage ordinarily in use, which frequently proves inefficacious, but a massage conducted on the scientific plan laid down by Metzgar, of Amsterdam, and Von Mosengeil, of Bonn. This process is divided into four forms, or gradations, first, *effleurage* (surface rubbing); secondly, friction, a more vigorous application of the preceding, then the *pêtrissage* (kneading); and, finally, *tapotement*, which is a form of percussion. When the cases are taken in hand early, a marked improvement is promptly perceived, the temperature of the affected limb approaches the normal, and the nutrition of the tissues acquires a fresh stimulus. How massage applied to the limbs can affect the pathological processes in the spinal cord is not quite clear; but it would seem that, if the nutrition of the paralyzed limbs or groups of muscles can only be maintained for a sufficient length of time, other motor nerve-cells in the anterior cornua of the cord may be called into play. This view is not without a clinical parallel in the subsequent acquirement of the faculty of speech by patients whose previously existing centre has been destroyed by hemorrhage, embolism, or thrombosis. It is essential that the massage should be conducted on a dry skin, with dry hands; and it is not altogether improbable, under these circumstances, that, as Reibmayer, of Vienna, suggests, the current of electricity so created may be one of the factors in the results obtained. The massage should only be resorted to by the advice and under the supervision of a medical man, as indiscriminate massage is not only likely to be useless, but may be positively injurious. Combined with the foregoing scheme of treatment, recourse may be had to such further adjuncts as hot pine-baths, the hypophosphites, extract of malt, and cod-liver oil, etc.—*British Medical Journal.*

HEMORRHOIDS.

Dr. J. Wilson (New Eng. Medical Monthly) recommends—

℞. Morphia sulph.	. .	gr. iij.
Ext. stramonii	. . .	gr. xxx.
Ol. olivæ	. . .	ʒj.
Plumbi carb.	. . .	ʒj.
Cerati simp.	. . .	℥iij.

M. Ft. ungt.

Sig.—Apply four times daily

PRURITUS VULVÆ.

℞. Hydrarg. bichlor.	. .	gr. viij.
Tinct. aconiti rad.	. .	ʒij.
Tinct. hyoscyami	. .	ʒij.
Aqua camphoræ	. .	℥vj.

M. Sig.—Apply locally.

MENORRHAGIA.

℞. Ext. gossypii, fl.	. . .	ʒij.
Ext. cimicifugæ, fl.	. .	ʒiij.
Tinct. cinchonæ comp.	. .	ʒix.

M. Sig —One teaspoonful every four hours.

INFLAMED BREASTS.

℞. Tinct. pulsatillæ	. . .	♏xx.
Ext. phytolacca, fl.	. .	ʒiv.
Vini colchici rad.	. . .	ʒij.

M. Sig.—Half teaspoonful every two hours.

AMENORRHŒA.

℞. Ol. sabinæ	. . . .	ʒss.
Spts. ætheris nitrosi	. .	ʒij.
Syr. acacia	. . . .	℥ss.
Aqua	. . . . .	℥iiss.

M. Sig.—One teaspoonful every three hours.

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CARDIAC DROPSY.

℞. Tinct. nucis vomicæ . . ℥ss.
Potassii acetatis . . . ℥iss.
Infus. convallaria . . ℥ij.
Infus. buchu . . . ℥iv.
M. Sig.—Two tablespoonfuls three times daily.

UTERINE HYPERTROPHY.

℞. Strychnia sulphatis . . gr. ss.
Ext. ergotæ, fl. . . . ℥ss.
Tinct. cinchonæ comp. . ℥xiv.
M. Sig.—One teaspoonful in water four times a day.

MEASLES.

℞. Tinct. digitalis . . . ℥j.
Syr. senegæ . . . . ℥v.
Syr. scillæ . . . . ℥vij.
M. Sig.—Half teaspoonful every four hours in water.

HEPATIC CONGESTION.

℞. Sodii chloridi . . . . ℥j.
Ammonii chloridi . . . ℥ij.
Aqua . . . . . ℥iij.
M. Sig.—Dessertspoonful before meals.

WHOOPING-COUGH.

℞. Ammonii bromidi . . . ℥j.
Tinct. hyoscyami . . . ℥ss.
Aqua menth. pip. . . . ℥x.
Syr. simp. . . . . ℥x.
M. Sig.—One teaspoonful in water every four hours.

SMALLPOX.

℞. Acidi salicylici . . . ℥iij.
Sodii bicarb. . . . ℥iss.
Aqua . . . . . ℥vj.
M. Sig.—Dessertspoonful every four hours in water.

NYMPHOMANIA.

℞. Potassii bromidi . . . ℥iv.
Ext. salix nigra, fl. . . ℥iv.
Infus. digitalis . . . ℥v.
M. Sig.—Tablespoonful three times a day.

ACUTE RHEUMATISM.

℞. Potassii iodidi . . . ℥iiss.
Potassii bicarb. . . . ℥iij.
Vini colchici rad. . . . ℥ij.
Aqua . . . q. s. ad. ℥iv.
M. Sig.—Dessertspoonful every two hours.

TONSILLITIS.

℞. Tinct. pulsatilla . . . ℥ss.
Ext. phytolacca, fl. . . ℥iiss.
Tinct. guaiaci ammoniat. . ℥xij.
M. Sig.—One teaspoonful in water every three hours.

FATTY HEART.

℞. Strychnia sulphatis . . gr. ss.
Ferri sulphatis . . . gr. xx.
Quinia sulphatis . . ℥ss.
M. Ft. pilulæ No. xx.
Sig.—One pill after meals.

PUSTULAR SYPHILIS.

Dr. W. L. Elkin (Atlanta Medical and Surgical Journal) recommends—

℞. Hydrarg. biniodidi . . gr. ij.
Potassii iodidi . . . ℥iv.
Tinct. gentianæ . . . ℥ij.
Aqua . . . . . ℥ij.
M. Sig.—One teaspoonful in water after meals.

BRONCHIAL CATARRH.

Professor Bartholow frequently orders—

℞. Tinct. sanguinaria . . . ℥ij.
Tinct. lobelia . . . . ℥ij.
Vini ipecac. . . . . ℥j.
Syr. tolu . . . . . ℥ij.
M. Sig.—One teaspoonful every three hours.

LUMBAGO.

℞. Potassii iodidi . . . ℥iss.
Ext. stillingia, fl. . . . ℥iij.
Ext xanthoxyli, fl. . . ℥iss.
M. Sig.—One teaspoonful in water every four hours.

ERYTHEMA.

℞. Plumbi carb. . . . ℥j.
Bismuth subnitratis . . ℥ij.
Ung. zinci oxidi benz. . . ℥j.
M. Ft. ungt.
Sig.—Apply externally.

GONORRHŒA.

℞. Zinci sulphatis . . . gr. vj.
Tinct. opii deod. . . ℥ss.
Aqua . . . . . ℥viij.
M. Sig.—Use twice daily as an injection.

GASTRIC ULCER.

℞. Argenti nitratis . . . gr. iss.
Tinct. belladonnæ . . ℥ss.
Aqua distill. . . . ℥iv.
M. Sig.—Dessertspoonful well diluted four times daily.

STOMACHIC VERTIGO.

Professor Bartholow says the best treatment for stomachic vertigo consists of the administration of two or three minims of Fowler's solution in water, before meals, combined with a proper regulation of the diet.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, March, 1886.

THE NEW NATIONAL MEDICAL SOCIETY.

THE new National Medical Society which the malcontents threatened to organize, has been formed at last, but we understand that a public announcement of its name, purposes, and membership will be withheld until after the meeting of the American Medical Association. If the Association should decide to reinstate the Old Committee with full power to reappoint themselves and friends to all the offices of the Congress, the new society may quietly disband. If the Association, however, should not accede to this modest request, the bolters and their friends will probably leave *en masse*, and proceed at once to publicly organize their new mutual admiration society. The membership will be limited, and none but those who can present gilt-edged letters of recommendation need apply for admission. There is good reason to believe, however, that the fledgling is too soft and tender for this harsh world. In fact, one of the most distinguished of American physicians was recently invited to become a member, but after examining its rules and roll of membership declined, as he tersely expressed it, "to join such a dude society."

THE INTERNATIONAL MEDICAL CONGRESS.

THREE months ago the Medical News and the Medical Record arrogantly proclaimed that the Ninth International Medical Congress was irrevocably doomed to be a miserable failure. We, the bolters, are the *elité* of the American medical profession, the glory of American medicine is centred in us, and without us there is nothing but ignorance and desolation. The American Medical Association does not acknowlege this, however, and refuses to bow down before us. We will compel it to repent its folly in sackcloth and ashes. We will proclaim to Europe that we will not participate in the Congress, and when Europe learns that the Congress will not be adorned by the Jupiter and Saturn of American medicine, attended by a host of well-trained satellites, Europe will stay away, and the Congress will be a hollow mockery.

But, alas, for the vanity of earthly glory! Europe received the woful tidings with supreme indifference. No earthquake occurred in Paris, no cataclysm shook London to its foundation, and even Berlin and Vienna remained undisturbed. The inference to be drawn from this shocking occurrence is that great men, and the sons of great men, should not too hastily rank themselves among the immortals. Philadelphia, New York, and Boston undoubtedly contain a number of skilful physicians, but there are thousands in other portions of the country who are equally skilful and learned, and capable of maintaining the honor of American medicine. The probability is that the Medical News and the Medical Record fully realize this now, but if they entertain any doubt upon the matter, THE BULLETIN takes pleasure in assuring them that the Congress will be a brilliant success in spite of all their sneers and innuendoes.

FOREIGN OPPOSITION TO THE CONGRESS.

THE foreign opposition to the Congress, on which the Philadelphia Medical News and the New York Medical Record laid so much stress, has vanished like a dream. Three months ago we were informed that "the way across is long, the fear of the sea is strong," and that no European physician would think it worth while to cross the Atlantic to attend a "rump Congress." We were also informed that all the leading European journals were in opposition to the course of the American Medical Association. The facts of the case are, that the American Medical Association was bitterly attacked by one English journal, the Medical Times and Gazette, but its action so disgusted its subscribers that it has since been

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compelled to suspend publication. Two or three German medical journals also published one or more articles condemning the action of the American Medical Association, but the most superficial examination sufficed to show that these articles were merely *verbatim* translations of the editorials of the Philadelphia Medical News, and consequently unworthy of notice. On the other hand, the Congress has received the earnest support of the Lancet, The British Medical Journal, The Provincial Medical Journal, Le Progrès Médicale, and other influential European journals. As for the statement that no European physician of eminence would attend the Congress, it is sufficient to say that those who promulgated that statement knew it to be untrue.

Dr. Horatio R. Bigelow, in a recent letter from Vienna to the Journal of the American Medical Association, says:—

"The enthusiasm here over the Congress grows daily, and I am quite sure that Vienna will send a large delegation to Washington. I hope to be able to establish equal interest in Buda-Pesth and Munich."

Letters from London, Dublin, Edinburgh, Paris, and Berlin also assure us that the most prominent physicians of England, Ireland, Scotland, France, and Germany have signified their intention to be present at the meeting of the Congress next year.

THE RECENT MEETING OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE following letter from the Journal of the American Medical Association is a scathing exposure of the methods resorted to by the Philadelphia bolters to obtain control of the delegates from the Philadelphia County Medical Society. We have obtained possession of some more of the inside facts of their proposed scheme, and will soon present them before the American medical profession:—

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—In the issue of your Journal for January 30th, your Philadelphia correspondent enters somewhat fully into the history of the last business meeting of the Philadelphia County Medical Society. He speaks of "the informally presented candidates." Now in order that it may be fully understood how nominations for delegates from this Society to the American and State Medical Societies are made, I will quote part of Article XII., Section IV. of the By-Laws, which reads as follows: "At the stated meeting in June, a committee of five members shall be constituted, two of whom shall be appointed by the President, and the remaining three elected by ballot, which shall be called the Nominating Committee. At the stated meeting in October, this committee shall present a ticket of candidates for election to the different delegations of the Society."

This committee was constituted in the manner prescribed by the By-Laws, and made their report at the stated meeting of the Society in October, which report was accepted. The "informally presented candidates" whom your correspondent speaks of, were nominated in secret caucus by a self constituted committee, composed of members unknown to a large part of the Society. This list of "informally presented candidates" had never been seen by those of the Society who were not supposed to be in accord with them until the day of election, when it was read, and, by methods heretofore unknown to the Society, made to take the place of the ticket proposed by the legally constituted Nominating Committee.

So anxious were the self-constituted committee to make a ticket to suit their purpose, that they placed in nomination two persons who were not members of the Society, and two others who were not eligible as delegates under the By-Laws when the regular Nominating Committee made their report.

The Nominating Committee, although constituted in the regular way, was accused of being packed, and of packing the delegations for both the American and State Medical Societies in the interest of the action of the American Medical Association, at its last session in New Orleans. It has been ascertained since the election, that twenty of those nominated in the regular list for the American Medical Association, voted for the "informally presented candidates," twenty for the regular ticket, and five could not be accounted for. This does not look much like a packed ticket in the interest of a faction.

I regard the course pursued by that part of the Society in opposition to the regular ticket as uncalled for and the precedent established a dangerous one for the best interests of the Society. I will not allude to the great interest taken in the meeting, of which your correspondent speaks further, than to state that the proceedings were of a character entirely unbecoming a body of medical men.

MEMBER OF THE NOMINATING COMMITTEE.

PHILADELPHIA, Feb. 11, 1886.

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THE NEUROTIC TREATMENT OF CORYZA.

DR. LEES recently read a valuable paper before the Medical Society of London, upon the nature and treatment of coryza, in which he called attention to the troublesome consequences that frequently follow a neglected cold, and to the unsatisfactory results that are sometimes obtained from the usual treatment by laxatives or diaphoretics. Dr. Lees defined coryza to be a neurosis of the vaso-motor nerves of the nasal and contiguous mucous membranes, excited directly or in a reflex manner by impressions of cold on the cutaneous nerves. He pointed out that congestion of the nasal mucous membrane was the result of this vaso motor disturbance. The question of the parasitic origin of coryza was considered, and the arguments in its favor stated, including the contagious character of some colds, and their analogy to whooping-cough, measles, and influenza. The mass of evidence, however, is not in favor of the germ theory of the origin of the disease.

In reference to treatment, Dr. Lees maintains that, as coryza is a neurosis, relief must be sought for in neurotic remedies. The therapeutic indications are three: to allay the excitability of the central nervous system, to lessen the congestion and hyperæsthesia of the nasal mucous membrane, and to arrest the discharge if it has commenced. Opium may be given to meet the first indication, but bromide of potassium is more efficient, and entirely safe. The second indication can be fulfilled by painting the interior of the nasal tract with a solution of cocaine. The discharge can be promptly arrested by the administration of belladonna. In practice, Dr. Lees has found the following method to be admirably successful in cutting short a cold. To an adult patient he usually gives from forty to sixty grains of bromide of potassium, to be taken at once, a similar dose to be taken six hours later, and another dose, if necessary, at the expiration of the second six hours. He also directs the patient to take from five to seven minims of the tincture of belladonna every hour or two until the throat feels dry. Locally, he directs the nasal mucous membrane to be painted with a four per cent. solution of cocaine. This invariably gives great relief, and in some cases is sufficient to effect a cure without any other medication. In conclusion, Dr. Lees related a case in which the administration in divided doses of ten grains of bromide of potassium and five minims of tincture of belladonna had cured in less than forty-eight hours a marked attack of coryza and bronchial catarrh in a weak, rickety child, aged four years. In view of the alarming condition of the child before treatment was instituted, Dr. Lees considered it probable that a fatal result was averted by the employment of the neurotic treatment of coryza, instead of the usual depressing diaphoretic or laxative plan.

THE CANADIAN MEDICAL JOURNALS AND THE AMERICAN MEDICAL ASSOCIATION.

We take pleasure in republishing the following letter addressed by Dr. William Brodie, President of the American Medical Association, to the Canada Medical and Surgical Journal, and trust that its perusal will convince our Canadian editorial brethren of the futility and absurdity of their opposition to the assemblage of the Ninth International Medical Congress in a friendly country:—

To the Editors of the Canada Medical and Surgical Journal.

SIRS: In the February number of the Canada Medical and Surgical Journal I read an editorial reply to my letter as published in its January number in reference to the International Medical Congress of 1887, to be held in Washington, United States of America. To my sorrow, it breathes the same spirit as the article which called forth my letter. For some reason or other, your Journal and other Canadian ones seems to have taken their cue from the defunct Medical Times and Gazette, of London, and some journals of the United States whose editors are not members of the American Medical Association, and some of whom have ignored its ethical requirements, and, consequently, cannot join in its consultations. Why you have adopted this course towards the action of so large an association as the American Medical Association, I know not, and can only surmise. In fact, it is the largest representative society in the world, so far as figures show. I well know the strong affinity that ex-

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ists between the Canadian profession and that of Great Britain, and I am not surprised that the London meeting of the International Medical Congress should be considered by you as the perfection of excellence, but, strange to say, no allusion to the Copenhagen Congress or its precedents, and the illustrious men who composed these congresses. Can you show me, in any instance, where the American medical journals used their influence to make them failures, even if their friends did not "roost on the highest pole" or any one of the American profession?

If I am correctly informed, there were jealousies and internal bickerings in the English profession in the organization of the London Congress, in which "science" had no part, and many men as illustrious as those who were made prominent were left in the cold and took back seats. Did the American medical profession try to make the chasm wider, and to dictate who were right and who were wrong? You say: "At present the prospect is that the peers of the men who organized the London Congress (why not include Copenhagen) will be absent from Washington." Is not the Canada Medical and Surgical Journal doing its best to promote that absence? Would it not be well for you to take counsel from the London Lancet?" Were we to criticise the editorials in the Canadian medical journals, we would not fall much short in arriving at the conclusion that they did not want the Washington Congress of 1887 to be a success.

But for fear I may have misjudged, and that ignorance of the facts in the case have led to the editorial expressions of the Canadian medical press, I would respectfully refer you to the editorial in the Chicago Medical Journal and Examiner for December, 1885, and to the editorial in the January number of the same journal; also to the editorial in the Journal of the American Medical Association for Feb. 6th, 1886. I also take pleasure in inclosing "A Medical *coup d'état* in Philadelphia," to show you how they do things in the "City of Brotherly Love," when law has to yield to force.

I am happy to inform the readers of the C. M. J. that the medical profession abroad will be represented in the Washington Congress by many of its most illustrious men. The American Medical Association will take no back steps at St. Louis, and if the few names of the American medical profession given in the Journal are the only ones to be placated, and the success of the Congress rests wholly upon their sweet *ipse dixit*, then, as you say, "it would be better to abandon the Congress." When the medical savants of Europe come to Washington, they will be much surprised at the scientific papers presented and the discussion had upon their own papers, even should the "men eminent in their respective departments" fail to put in their appearance on the occasion. Yours respectfully,

WM. BRODIE, M.D.,
President American Medical Association.

CORRESPONDENCE.

OUR PARIS LETTER.

CHRONIC ICTERUS RESULTING FROM BILIARY OBSTRUCTION—FOUR CASES OF LAPAROTOMY—PULMONARY TUBERCULOSIS TREATED BY INTRA-PARENCHYMATOUS INJECTIONS OF MERCURIC BICHLORIDE—CONGENITAL NON-PERFORATED HYMEN—PUERPERAL TETANUS—A RARE FORM OF SYPHILITIC EPIDIDYMITIS—MAGNAN AND JURANVILLE ON BOLDO GLUCINE, OR THE GLUCOSIDE OF BOLDO AS A NARCOTIC—A NEW PLASTER—"TAFFETAS BERTHAULT."

A man, 67 years of age, was admitted to the Saint Louis Hospital suffering from intense jaundice and pruritus. The whole integumental surface was of a uniform deep yellow. The conjunctival membranes were also a deep yellow. The tongue was furred; saliva bitter; all sense of taste had left him; there was pyrosis, but no constipation; normal temperature; pulse 72. The hepatic region was painful on pressure. The patient was always complaining of itching. On the right side, on a level with the union of the upper third of the ascending colon with the lower two-thirds, a tumefaction was observed, this was imperfectly limited and separated from the border of the liver by a distance of several centimetres. The patient was atheromatous; an analysis of the urine demonstrated that it contained large quantities of biliary pigment, but no albumen, the excrement was colorless. M. Barth diagnosed obstruction of the biliary ducts by a calculus or cancer. The tumefaction on a level with the colon was, in virtue of its special characteristics, not believed to be dropsy of the gall-bladder, the presence of a neoplasm was considered to be the most probable, and the diagnosis of cancer obstructing the biliary ducts was made. The condition of the patient did not change from the time he entered, tenth of January to the first of March, when he became exces-

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sively low and languid, his tongue was dry, and he felt intensely sick. The stools continued discolored. On the fourth of March the skin was dry and hot, and the axillary temperature was 102°. The pulse always 72. The jaundice color grew darker, and presented a yellow-ochre tint. The breath of the patient had a peculiar strong odor, difficult to describe, but resembling that of horse-radish more than any other. The abdomen was tympanitic. The quantity of urine excreted in twenty-four hours became less. On the fifth of March the temperature was normal, but nervous depression was increased, on the sixth of March the temperature was lowered to 97°, on the eighth to 96°; the patient scarcely answered the questions he was asked. On the tenth of March his fecal discharges were black and contained blood. On the eleventh he was in a state of coma and died. Temperature was 97°. At the necropsy it was discovered that the tumefaction observed during lifetime was the gall-bladder much distended, and extending low down, reaching the angle formed by the ascending and transverse colon. Thus, the superresonant area, which, on examining the patient, separated the tumefaction from the border of the liver, was accounted for; the orifice of the ductus communis choledochus was obstructed by a fungoid growth, also the Wirsung's canal, this neoplasm was situated in the orifice of the ductus in the ampulla of Vater. The histological examination proved the tumor a tabulated epithelioma.

M. Jeanuel read before the Paris Surgical Society notes on four cases for which he performed laparotomy, the first referred to a female patient, thirty years old, who was operated on for an ovarian tumor under difficult circumstances; puncture did not lessen the tumor. The whole cystic mass, therefore, had to be removed. After the operation there were symptoms of intestinal obstruction with stercoraceous vomiting, which persisted during six days. M. Jeanuel believed peritonitis to be the cause—the patient completely recovered. The second patient was operated on for a uterine myoma which was impacted in the broad ligament; the patient was forty-seven years of age, the tumor was of four years' standing, the patient recovered. The case of the third patient is an example of the difficulty that frequently exists in making a diagnosis. M. Jeanuel believing in the presence of an ovarian cyst performed laparotomy, but discovered that the real affection was a cancer of the small intestines, he therefore cut the intestines and made an artificial anus, the patient died soon after. The fourth patient was forty-seven years old, she was suffering from chylous ascites. M. Jeanuel made a careful examination and ascertained the presence of tumors with an unequal surface, he performed laparotomy for exploring purposes, and discovered that a tumor was developed in the substance of the mesenteric ganglia, the abdomen was joined; the patient survived only a short time. M. Vernuel observed chylus hydroceles have a parasitic origin, chylus ascites may have the same; before operating it is advisable to make a histological examination of the fluid.

M. Gouguenheim has been treating pulmonary tuberculosis by making intra-parenchymatous injections of mercuric bichloride. On the left side and below the clavicle through the first intercostal space, the injection passes easily and safely into the lungs; on the right side through the two first intercostal spaces. In order to avoid all accidents it is necessary to make the injection at a distance from the sternum and the neighboring rib, in order not to injure the intercostal and mammary vessels and nerves, neither should it not be made too near the clavicle, or the subclavian vein may be injured; the subcutaneous veins should be avoided. The injection should be given slowly in order to avoid coughing and hæmoptysis, which sometimes results from a sudden irruption of fluid into the pulmonary tissue. Dr. Gouguenheim believes that these precautions prevent the occurrence of accidents. At the necropsies of patients, who had been thus treated, Dr. Gouguenheim had never observed any muscular, or pleural, or pulmonary lesions, which could be attributed to these injections. The Pravas syringe used was cleaned antiseptically. This treatment was adopted with thirty-three patients, mostly in an advanced stage of phthisis; in twenty-one instances improvement was quick and undeniable; ten patients out of thirty died; among these, seven presented local modifications of lesion which were evident at the necropsies. The solutions injected were sometimes $\frac{1}{2000}$, sometimes $\frac{1}{1000}$, sometimes $\frac{1}{500}$. The injection fluid was always previously heated to normal temperature, 37° Cent. (Fahr. 98.6). One patient had hæmoptysis, and the injections were discontinued, another left the hospital while the treatment was going on.

M. Segoud, hospital surgeon, was called to a female patient, 21 years of age, who had been suffering five or six months from intense pain at the monthly periods; these crises of pain were greatly increased by measures adopted for provoking the menstrual flow; M. Segoud ascertained the presence of a tumor in the abdomen, which reached as far as five centimetres above the umbilicus, he also observed that the vaginal orifice was obliterated by a protruding purple fluctuating mass, resulting from the excessive distension of a membrane which was evidently the hymen non-perforated. The patient was anæsthetized, and M. Segoud made a narrow puncture in the centre of the hymeneal membrane and the accumulation of menstrual fluid

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which constituted the tumor slowly flowed away; when there were signs that this was inclined to stop, the puncture was changed into a crucial incision, and the operator facilitated the expulsion of the contents of the vaginal sac by exercising a gentle and gradual compression on the abdomen by means of slowly tightening a wadded bandage which encircled the body. After half an hour had elapsed all the fluid was apparently evacuated, a very gentle irrigation was effected, rather than injection, with a solution of corrosive sublimate of one to 2000; a plug of wool impregnated with carbolic acid was then placed in the vulva. These gentle irrigations were continued daily for a few days afterwards at an interval of a day or two; on the fifth day mercurial stomatitis appeared, and the solution of bichloride of mercury was replaced by a mixture of water and alcohol in equal parts. The stomatitis disappeard spontaneously in a few days, no febrile symptoms developed and the patient was discharged cured in three weeks. The patient menstruated regularly after the operation.

A woman, 34 years of age, was admitted into M. Jaccoud's wards of the Pitié Hospital to be treated for tetanus and died five days later on. Three months before her admittance to the hospital she became pregnant with her fourth child; everything went on naturally, her health continued excellent, when on the 29th she was excessively agitated and miscarried; during the three or four following days her condition presented nothing unusual under the circumstances, but on the fifth day, December 14th, she had great difficulty on opening her mouth, the next day the difficulty became an impossibility; she had also a sensation of stiffness in the back, and breathing required a greater muscular effort; two days subsequently she entered the hospital and chloral was immediately administered; nevertheless the next day trismus was more pronounced; the muscles of the neck were not at all rigid, but those in the sacro-lumbar region also the rectus abdominis muscle were very contracted and excessively painful. Her temperature when she was admitted was 99° Fahr., rose to 100.8 Fahr. The muscles became permanently rigid, and occasional spasms increased their contraction and heightened the pains; rupture of the muscles, which sometimes happens, seemed imminent; when these spasms occurred, not only contracture was increased and the pain became more violent, but the muscles previously unaffected became contracted. These features of the contraction during the spasms were so evident, that the diagnosis of tetanus was unmistakable. Chloral was given to the patient in potions and in injections, the doses reached to thirteen grammes. On the 8th of December the patient appeared to be slightly improved, there was a slight decrease in the muscular rigidity; chloral was increased. On the 9th of December the temperature increased to 102.2°, the tetanic contraction extended to the other muscles of the body and those of the lower limbs. When the patient was raised up she remained rigid in the attitude she was placed in, yet the diaphragm contracted. The patient died on the 10th of December, five days after the first symptoms were exhibited. M. Jaccoud attributes the tetanus to the uterine wound resulting from the miscarriage.

M. Paul Reclus, hospital physician and Professor Agrégé at the Paris Medical Faculty, publishes a rare case of syphilitic epididymitis. The patient was a medical student, 18 years of age, who consulted Dr. Reclus in November for tumefaction of the testicle, which had commenced in August previously, and had increased in consequence of the patient walking and undergoing fatigue. The epididymis was a compact mass, and surrounded the testicle, the vas deferens was monoliform, the patient was puny, weak, and had night-sweats. The diagnosis was tuberculous epididymitis. A suitable treatment was prescribed, also a season at Salis de Béarn, but the patient's condition grew worse; a tumor appeared on the tibia, and the tumor of the testicle ulcerated. When the patient again consulted Dr. Reclus, three months later on, the right testicle was evidently syphilitic. Six grammes a day of potassium iodide produced rapid improvement; the left testicle presented a fungoid growth, which was ultimately eliminated, and cicatrization soon after took place. Thus there can be suppuration of syphilitic testicles, notwithstanding M. Gosselin's opinion that there cannot be. It is rare to see syphilis of the testicle commence with lesions of the epididymis. Syphilitic epididymitis, described by Dron, Fournier, and Balme, differ from the case described by M. Reclus. These authors observed small tumors, nuclei disseminated in the epididymis. M. Reclus diffused infiltration, which occurred early in the course of the disease, as the gumma appeared seven months after the onset of syphilis. The treatment adopted was thoroughly successful, the tibial tumor disappeared in a week and the syphilitic sarcocele in a fortnight.

In 1884, M. Chapoteaut extracted from boldo a substance which, when submitted to reagents, behaved as a glucoside. It was first tested on dogs, and afterwards on patients in M. Magnan's wards; doses of two, four, six, and eight grammes were given in draughts, capsules, or in rectal injections. Boldo is a powerful narcotic, without any attendant disagreeable results. A patient of M. Magnan, at St. Anne's Asylum, who suffered from hallucination and passed sleepless nights in a great state of distress and excitement, produced by imaginary tormentors, slept soundly when she

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took two grammes of boldo. This was discontinued during a period of ten days, and her old sufferings returned. She implored to have the capsules given to her again, and she then passed tranquil nights. Dr. Juranville, in a short memoir on boldo, describes ten similar cases. This substance is a hypnotic agent, producing sleep similar to natural sleep; there is an absence of anæsthesia; the respiration is normal; less carbonic acid is exhaled than when awake; the brain is also less congested than during waking hours. Administered to insane patients, boldo produces sleep in patients who had been long worried by insomnia.

A new article for dressing for wounds, called Taffetas Berthault, has just been brought out, which is considered to be superior to the adhesive plasters hitherto used. It is as transparent as glass, and as thin as the skin of an onion. The condition of the surface covered by it is as easily seen as though it were uncovered. This plaster is as elastic as India-rubber. It cannot be traversed by fluids, and is unaffected by change of temperature. Chemically, it is inert, neither changed by acids, alkalies, nor the secretions of the human organism.

MEDICAL NEWS AND MISCELLANY.

DR. L. WEBSTER FOX has removed to 1304 Walnut Street.

DR. H. E. GOODMAN has removed to 1509 Walnut Street.

As we go to press, we learn with great regret of the sudden death of Dr. Austin Flint, Sr., of New York.

DR. FRANK L. JAMES has assumed editorial charge of the St. Louis Medical and Surgical Journal.

DRS. E. R. SQUIBB and John Ordronneaux have resigned from the Medical Society of the State of New York.

DR. W. L. RICHARDSON has been elected Professor of Obstetrics in the Medical Department of Harvard University.

THE third annual meeting of the Ohio State Sanitary Association was held in Columbus, on February 24th and 25th.

DR. ALFRED C. POST, President of the Medical Department of the University of the City of New York, died on January 7th.

PROFESSOR THEOPHILUS PARVIN gave a brilliant reception on January 12th, at his residence, 1714 Walnut Street, to Dr. Thomas Addis Emmet.

DR. EDWARD S. STEVENS, Harveysburg, Ohio, has been awarded the Boylston prize of 1885, for his essay on "The Best Preliminary Education for the Study of Medicine."

THE LONDON MEDICAL TIMES AND GAZETTE, which so bitterly assailed the American Medical Association, has suspended publication. We wonder where I. Minis Hays and George F. Shrady will go for consolation now.

DR. A. C. MOORE (Medical Press of Western New York) states that he delivered a lady of a large, well-developed, full-term child, just *two hundred and ninety* days from the time when he had previously delivered her of another full-term child.

DR. R. C. KENNER (New England Medical Monthly) says his experience with the syrup of yerba santa is such as to warrant him in saying that it deserves the confidence of the profession as a menstruum whereby the sulphate of quinine can not only be rendered tasteless but absolutely palatable. Five grains of quinine is rendered tasteless in one drachm of the syrup.

THE PHILADELPHIA CLINICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. John B. Roberts; First Vice-President, Dr. Clara Marshall; Second Vice-President, Dr. Daniel Longaker; Treasurer, Dr. L. Brewer Hall; Recording Secretary, Dr. I. G. Heilman; Corresponding Secretary, Dr. Rebecca S. Hunt; Reporting Secretary, Dr. Mary Willits.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The thirty-seventh annual session will be held in the city of Williamsport, June 2d, 3d, and 4th. As the programme for the session must be distributed one month before the holding of the meeting, those who propose to present papers will please forward the title and a brief abstract of the same at an early day. No voluntary paper is allowed to exceed twenty minutes in reading. T. H. Hellsby, Chairman of Committee of Arrangements; Wm. B. Atkinson, Permanent Secretary.

INTERNATIONAL MEDICAL CONGRESS.—The London Lancet has, with wonderful clearness, perceived the true inwardness of the difficulty respecting the International Medical Congress, and accorded to its managers a hearty support. Better than most of the large American weeklies has it defended the honor of the American medical profession. Indeed, while these have been using every influence in their power to serve a small clique in the profession, and so eternally disgrace the country in which they live, an alien medical journal has exerted its vast power for the credit and glory of American medical men. All honor to the London Lancet.—*American Lancet.*

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MISTLETOE AS A PARTURIFACIENT.—Dr. G. V. Hale (Texas Courier-Record of Medicine) thinks that the preparations of mistletoe (*Phoradendon Flavescens*) will be found to have a parturifacient effect equal, if not superior, to that of either ergot or gossypium. Dr. Hale has given the fluid extract in doses of twenty to forty minims every twenty minutes in several cases of tedious labor with the happiest result. In one case, occurring in a woman aged thirty-seven years, fifth confinement in which hard pains, simulating those of labor had existed at long intervals for some two days, followed by a sudden gush of liquor amnii and then a complete cessation of any pains for two hours, an exhibition of this preparation in the manner indicated above, was followed in less than an hour by effective contractions, and the birth of a nine pound male child in less than two hours thereafter—the shortest labor ever experienced by the grateful patient.

THE INTERNATIONAL.—The bulk of the profession of America are asking themselves how far the deserters will go to ruin the International Medical Congress meeting, which is to be held in Washington, D. C., in 1887. They have stooped to all that is mean and contemptible in ethics, seem to have lost all the fine instincts of gentlemen, and since the meeting of the Philadelphia County Medical Society, a short time ago, they seem to have slipped into the ways of the ward politician with an ease and familiarity which is truly remarkable. The scene at that meeting, packed with students from the colleges, was disgraceful in the extreme, and will act as a boomerang by returning with a force which will eventually crush them. Their attempt to capture the American Medical Association will prove futile. The force of public sentiment is against them, and if they are wise, we advise them to stop before it is too late.—*New England Medical Monthly.*

INTERNATIONAL MEDICAL CONGRESS.—THE profession is evidently becoming disgusted with the attacks upon the American medical profession in its endeavors, by regularly appointed delegates from each State in the Union, to place in proper shape the arrangements for the next International Medical Congress. Those journals that have acted as mouth-pieces for the ring which claims to possess all the ability in the American profession, will do wise to fill their columns with other matter. If the managers of the Congress are all ignorant and brainless, their work will make this sufficiently evident. If they are capable and honest men, let them spend their money and talents in the endeavor to make the Congress a credit to America. All obstructionists to this end should step aside if they cannot in conscience help on the good cause. On all sides we hear demands of the profession, that this senseless vituperation cease. Or, if they think best, let those who are dissatisfied with the arrangements for the coming Congress, organize one on their own account. Unquestionably, they could produce excellent results, at which all the medical world would rejoice. True, it would seem like a house divided against itself, but this would be far better than the exercise of their fine powers in defaming others, and the profession at large.—*American Lancet.*

INTERNATIONAL MEDICAL CONGRESS.—The Medical News says the International Medical Congress difficulty has inflicted a widespread injury upon the medical profession. Amen. In the production of this injury the Medical News has been a potent factor. It will be a long time before the large mass of the medical profession interested in the proper organization of the International Medical Congress forget the villification heaped upon it for the past six months by the New York Medical Record, the New York Medical Journal, and the Medical News. If it were possible for medical journals to utterly disrupt the medical profession of this country, and make it contemptible in the eyes of the world, these journals would have accomplished it. They and their adherents seem to have been animated by the "rule or ruin policy." As for the Congress itself, let those who are willing to work with those having it in charge do so, and let those who are not willing so to work attend to their own business. Each, in so far as they are really honest in their beliefs, can afford to abide the results which two more years will bring about. But by all means let this persistent villification cease. To all fair-minded persons it looks as if the outs were kicking, calling names, etc., simply because they are out. It has occurred to us that they might be benefited by a review of the political career of Roscoe Conkling and his colleague, who resigned from the United States Senate, but were not re-elected. —*American Lancet.*

THE ÆTIOLOGY OF ACUTE CORYZA.—Dr. John M. Batten (Journal of American Medical Association) says, The fact that rhinitis, pharyngitis, laryngitis, and bronchitis or so-called catarrh are caused by micro-organisms and not by cold, was forcibly impressed on my mind about two weeks ago. For the last month there has been a great deal of wet weather in Pittsburgh, and this together with the fact that many of the streets of the city have been dug up for the purpose of laying gas and water pipes, setting free these micro-organisms, which, as I believe, have been the cause of a sort of endemic of catarrh which has been prevailing here for the last month. These micro-organisms seem to have found their favorite lodgment in the mucous membrane of the nose,

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pharynx, larynx or lungs, thereby causing the numerous cases of catarrh which have been prevailing in our vicinity recently.

The fact that quinine taken internally in 5-grain doses has been the most effectual treatment in these cases of catarrh, has further induced me to the belief that parasitic organisms are the cause of the so-called catarrh. How quinine operates as a parasiticide, whether locally, or more remotely by the circulation, I am unable to say; but I am pretty confident that it acts effectually. It has been my custom to prescribe 5 grains of sulphate of quinine three times a day for two days, and the cold then would be pretty thoroughly broken up.

These facts I offer as bearing out the suggestions as to the ætiology of acute coryza given by Dr. Austin Flint, Sr., in an article in The Journal, of November 14, 1885.

INTERNATIONAL MEDICAL CONGRESS.—At a regular meeting of the Montgomery County Medical Society (Pa.), September 23, 1885, the following preambles and resolution were adopted, with but one dissenting vote:—

WHEREAS, The American Medical Congress has invited the Triennial Congress which convened in Copenhagen in 1884 to hold its next meeting in this country in 1887, which invitation was accepted; and,

WHEREAS, Certain eminent and worthy members of our profession in some of our large cities are dissatisfied with the arrangements made by the Association for the government and management of the Congress and its personnel, and by their hostility are fomenting discord among the members of the profession in this country, which may imperil the success of the Congress, therefore,

Resolved, That we approve the action of the American Medical Association on this subject at St. Louis, in 1884, and at its meeting in 1885, and also the recent action of its committee on September 3d, in New York, and that as individuals and as members of the Montgomery County Medical Society, we will do what lies in our power to aid the American Medical Association in its efforts to make the Triennial Congress a success.

C. Z. WEBER, M.D.,
Recording Secretary.

—*Medical and Surgical Reporter.*

DIPHTHERIA—FREQUENT SMALL DOSES OF SULPHUR.—Dr. H. V. Knaggs (Provincial Medical Journal) says:—

I desire to direct attention to a remedy which, so far as my experience goes, has hitherto yielded uniform successful results, and which, in addition, would appear to confirm the researches of Klebs and others as to the cryptogamic origin of this much dreaded complaint. I allude to the treatment of diphtheria by sulphur.

More than four years ago my father employed this agent with magical effect in a case which was, at that time, regarded as desperate, the ingravescence of the symptoms hourly increasing under carbolic and other applications; but by the sulphur treatment employed in the manner I here advocate, the patient (a youth of thirteen) made a rapid recovery. Since that time both my father and I have treated similarly a large number of cases; and though many of them have been of a severe character, some even with laryngeal complication, and accompanied by lividity of skin, yet in not a single instance has a fatal termination occurred, and in remarkably few of them have sequelæ, even in the mildest and most transient forms, resulted.

Sulphur in any pulverized form will answer the purpose, but it will be found best to suspend it by means of mucilage, and to sweeten or flavor the mixture to the palate, in order that the patient may be induced to sip it frequently. We generally put about fifteen grains of milk of sulphur to each fluid ounce, and, at the commencement, the sufferer takes from a teaspoonful to a tablespoonful (according to age) every hour, half hour, or even oftener if the case be urgent, afterwards at less frequent intervals.

THE INTERNATIONAL MEDICAL CONGRESS.—The success of the Congress is now assured. All opposition has disappeared, and the profession in America are now united in one common aim to make the Congress worthy of America. We quote with pleasure the following words from the Medical News, the mouthpiece of the small clique who tried to wreck the Congress: "The time has now arrived when honor rises superior to all other interests, and demands that we shall combine for international purposes, and make good the invitation which, in the name of the medical profession in this country, was extended to our brethren in foreign lands, to hold their next Congress at Washington. The occasion is one for the display of the highest patriotism, and the end to be attained is worthy of the greatest sacrifices." It is a great pity the Medical News did not take this view before; however, it is never too late to mend, and we hope the Medical News will continue to act in harmony with the profession in America. The views of the European press have been very clearly pronounced by ourselves, the Lancet, British Medical Journal, and Le Progrès Médicale, and have been consistent in support of the action of the American Medical Association. The only paper taking contrary views worthy of notice was the Medical Times, now defunct. The Congress will be held, then, under the presidency of Dr. Austin Flint, whose name alone is enough to disarm all opposition; and as Dr. Austin Flint will be at the Brighton meeting of the British Medi-

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cal Association, he will be able to tell those who have been in any doubt about the Congress, the true causes which disturbed the initiatory movements.—*Provincial Medical Journal*, Leicester, England.

JABORANDI AS A GALACTAGOGUE.—Dr. John H. Lowman (Cleveland Medical Gazette) reports three cases of deficient lacteal secretion in which the galactagogue effect of jaborandi was well marked. The first case was a multipara, thirty-five years of age, of fair health, but not well nourished. The babe was two weeks old at the time of this observation, and in good condition. The secretion of milk by the mother began gradually to fail until not one-third the average quantity was produced. The child was then nourished artificially. The fluid extract of jaborandi was given to the mother. The dose was eight mimims every three hours. About fifty mimims were taken in twenty-four hours. On the second day of the administration of the drug the milk increased in quantity. By the third day it had increased still more, so that the child had nourishment from the mother sufficient to satisfy it. Increased salivary and cutaneous secretions led to a discontinuance of the drug. The milk flowed in good quantities for eight days, and then rapidly diminished. Jaborandi was again used. The plan of administration was the same. Increase of the milk was again noted. The renewed activity of the mammary glands continued for five or six days only. For a third time the drug was used, and its use followed by good effects. In the mean time iron, quinine, and mineral acids were also given, and the general health of the patient improved. The secretion of the glands then remained normal for three weeks, after which the patient passed from observation. During the last two weeks no jaborandi was used.

In the other two cases, which occurred in primiparæ, the results obtained were even more gratifying.

A CASE OF ARSENICAL POISONING RELIEVED BY DIALYZED IRON.—Dr. Wm. C. Wile (New England Medical Monthly) reports the following instructive case of recovery from arsenical poisoning: I was called at midnight on December 13th to see a woman who had taken a large dose of Paris green, with suicidal intent. On arriving at the house I found her prostrated from the effects of some severe shock. She was vomiting. The surface was cold and clammy, the respiration rapid, pulse small and thready, countenance anxious, and every evidence of a rapidly approaching dissolution. In the matter vomited I found quite a quantity of green substance, which, on examination, proved to be Paris green. Recognizing the urgency of the case, I introduced the stomach-pump, and rapidly emptied the stomach, washing it out thoroughly, removing quite a quantity of the poison. I then gave her half a pound of dialyzed iron, and proceeded to restore the heat to the body and to get reaction to set in, with the external application of heat, stimulants, rubbing, etc. At 6 A.M., the patient had become quite comfortable, and in two days was out of bed. The iron was continued in tablespoonful doses for six hours, and then all medication ceased, except that glycerine and water were given in order to relieve the terrible dryness of the throat.

Three days after the dose was taken an eruption came out over the whole body, that resembled hives more than anything else. I should estimate the quantity taken to be about one ounce.

I report the case not on account of its rarity, but because it adds another to the list of cases that have recovered under the use of dialyzed iron, which I consider quite as effective as the hydrated sesqui-oxide.

RHUS AROMATICA AS A HÆMOSTATIC.—Dr. W. R. Harrison (Medical Age) says Mrs. A. R., aged 47, applied for relief from severe menorrhagia. I used all the ordinary means, local, such as the tampon, sugar of lead, etc., and also internal, having given amongst other remedies large doses of ergot of different reliable brands. The treatment had little or no effect, the case only getting better as the menses naturally disappeared for the time being, and in the course of one or two months the same thing would be gone through with again. In the mean time a bottle of fl. ext. rhus aromatica (P. D. & Co.) was left as a sample and I determined to give it a trial. I gave it in about 10-drop doses repeated about every three or four hours, and before the patient had taken four doses she was much better and very shortly the hemorrhage stopped entirely. This happened over a year ago, and the lady is now alive and well. She was troubled subsequently to some extent each month for several times, but not so severe as before, and the same remedy helped the case after taking two or three doses each time. She now keeps a bottle of it in the house and would not be without it on any account.

Mrs. B. M., carpenter's wife, delicate, approaching the change of life. Sent for me, complaining the same as the above case. I went through the same plan of treatment, such as giving ergot, etc., with better result than in the previous case, but still the hemorrhage was such every month as to badly exhaust the patient. I then resorted to rhus aromatica in the same doses as in the previous case and with the most happy results. The hemorrhage came under control much more readily and effectually than it had done under the usual line of treatment.

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I have reported my experience to other medical men in the neighborhood and their experiments have resulted very similar to mine. I also know of cases in which other physicians have used the drug in from five to ten-drop doses in cases of hemorrhage from the kidneys and with very good results.

THE COLD COMPRESS.—Among the therapeutic measures in vogue in Germany there is none which attracts the attention of the American physicians so eminently as the water-compress. It is no fable that the "compress," as it is briefly called, is prescribed for every affection of the throat and lungs; for a clinical experience of nearly three months in the Charité and other hospitals convinced your correspondent that it is the first thing ordered in nearly every ailment of the respiratory tract. A piece of linen, being of the size of a napkin if intended for the throat, or of the size of a towel if intended for the lungs, is dipped into cold—not lukewarm—water, applied to the desired locality, and retained *in situ* by means of a woolen shawl or oil-silk, and renewed every half hour. A poultice is never exhibited for these affections. The compress, as may be expected, has also become the treatment in every household, and is quite familiar to every mother and nurse. Your correspondent has taken especial pains in tracing the therapeutic results of this procedure—which, of course, is often accompanied by medicinal treatment—and feels highly gratified with the results observed. The value of this hydriatic procedure consists in the frequent renewals and prolonged application—extending often over two or three days—of a medium which not only abstracts the surplus of heat in the part, and by its secondary physiological action dilates the vessels of the integument, and thus relieves the engorged internal parts, but which also has an undeniable invigorating influence on the nervous system. It seems superfluous to add that strict individualization is—as in all hydriatic procedures—an indispensable requisite in the application of the cold compress. If in a patient the nervous energy is profoundly lowered, the application of cold would naturally only deepen the existing prostration and lessen the resistance against the disease. If, however, we deal simply with a loss of innervation, the usual incumbent of nearly every affection, the application of cold would prove a powerful stimulant to the nerve-centres, and alongside of the above-mentioned local effects of the application, materially fortify the chances of recovery.—*Therapeutic Gazette, Berlin Correspondence.*

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.—We have often been surprised at the little acquaintance many practitioners, who are usually well posted as to advances in medicine, show in regard to the use of veratrum viride in puerperal convulsions. Few, if any, of our distinguished Eastern professors or authors of text-books on midwifery give more than a passing mention of the fact that this drug is used by some "country practitioners" for puerperal eclampsia. But the records in favor of its adoption as the principal remedy in this disease are so convincing that we feel we but do a serviceable thing in calling attention to the subject. These favorable reports come mostly from practitioners in the Western States.

Our attention has been specially attracted to this subject at this time by noticing reports of the two cases appended by Dr. F. K. Powell, of Dancyville, Tenn., in the Transactions of the Medical Society of the State of Tennessee, for 1885. His first case was the wife of a farmer, and occurred in 1881. She was a primipara, plethoric, having a headache, full, bounding pulse, etc. In a few minutes after his arrival, she had a severe convulsion. She was first freely bled, and then he gave her ten drops of tincture of veratrum viride combined with potassium bromide, and repeated the dose at intervals until her pulse was controlled. She had no convulsions after time had been allowed for the medicine to act. In a short time the os dilated, pains grew stronger and more effectual, and she was delivered of a well-developed boy in a few hours, without any further trouble. Treatment was continued for some time after the child was born.

His next case was a negro woman—a primipara—and had had frequent convulsions for a day before he saw her. She was half unconscious; her pulse was full; pains weak; os dilated and rigid, and the indications portended a tedious and difficult labor—such a one to relieve which many authors would advise turning and delivery. The patient was bled, and ten drops of tincture of veratrum viride were given at short intervals until the pulse was controlled. It acted like a charm. Labor occurred on the next day without any symptoms of a convulsion.

The doctor adds the advice to use fluid extract of veratrum viride hypodermically when the woman is unconscious. He was led to try the remedy by the great success he had had with it in subduing convulsions in children suffering from malarial fever. These reports are valuable when taken in connection with many cases reported by different physicians during the last few years.—*Virginia Medical Monthly.*

THE following correspondence in reference to the Ninth International Medical Congress we clip from the Journal of the American Medical Association:—

TO THE EDITOR OF THE JOURNAL:

Dear Sir: There is one significant fact in this matter of the next meeting of the International Medical Congress, which has not attracted

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attention, which to the writer seems important, namely, the undue haste exhibited by the Original Committee of Seven to get out their work *ad captandum vulgus*. The editor of the Philadelphia Medical News, in his specious editorial reply to "Country Doctor" in his issue of January 30th, although he was one of the seven, carefully abstains from any explanation of it.

These seven, whom he with characteristic modesty describes as "the most eminent contributors to the advancement of medical science in the country in which the Congress was to meet," were commissioned by the American Medical Association in May, 1884, to go to Copenhagen and invite the Congress to hold its next meeting in this country. They satisfactorily performed this office, and through their spokesman promised the members a generous welcome, he pledging himself to do a variety of things without reservation (expressed, at least), as to the contingency of his not being allowed to have everything his own way (I do not mean the editor of the Medical News). They hied home, went to work upon an organization which showed the evidences of the personal preferences and enmities of some of the individual seven, and published all over Europe their cut-and-dried scheme for a meeting which was not to take place until 1887, without waiting the few weeks before the meeting of the American Medical Association, to report their work to that Association, in whose name, by whose authority, and under whose appointment only they had anything whatever to do with the matter. . . . .

If the American Medical Association cannot be trusted with the task of organizing the Congress, in the name of the whole medical profession of this country, through its present Executive Committee, certainly the Original Committee of Seven, also appointed by it, can allege still less sanction for their dictatorial proceedings. When the editor of the Medical News, who was also one of the Seven, "one of the most eminent contributors to the advancement of medical science" in his country, Member of the General Committee and Chairman of the Executive Committee, writes to "Country Doctor" that "at both the London and Copenhagen meetings irregular physicians are known to have inscribed their names on the register and the fact did not in the least disturb the Committee on Organization or detract from the success of the meeting," does he intend the medical profession to understand that subscription to the Code of Ethics of the American Medical Association does not mean, so far as he and the rest of the Original Committee of Seven are concerned, an honest, manly belief in its principles, acceptance of its restrictions and observation of its obligations, at all times and under all circumstances, but that he and they did similarly intend not to be in the least disturbed when irregular physicians inscribed their names on the register, and to sit in cheek-by-jowl fraternity with them in a way no New York New Coder ever dreamed of doing? In this counrry, be it remembered, the homœopath is not the only species of the irregular physicians, but the eclectic and electric —the botanic and the hygeio-therapeutic—and a dozen more, are just as legally recognized as the editor of the Philadelphia Medical News.

MEDICUS.

THE THERAPEUTICS OF NUX VOMICA.—Dr. J. H. Musser (Therapeutic Gazette) says nux vomica is eminently of service in dyspepsia of the atonic variety, with or without depression of spirits, hypochondriasis, headache, weight on the head, and other nervous phenomena. It is in these cases that increasing doses are of value. I believe this good effect to be due not alone to the local irritant effect of the drug, as suggested by Ringer, nor to its tonic influence on the muscles and bloodvessels, but to its systemic effect, whereby reflex excitability of the spinal and vaso-motor centres is increased. Digestion is eminently a reflex process. This is seen from the efforts of mastication, throughout the entire process, to that of defecation. Now, it seems to me that atonic dyspepsia and slow digestion, with the train of morbid symptoms that arise therefrom, are due primarily to torpid nerve-centres. They do not respond to the stimulus of food, and hence refuse to send the requisite amount of blood to the glands by virtue of their influence on the vessels, or to stimulate glandular secretion. In fact, this element of diminished reflex excitability may be present, and it seems rational to think so, in all forms of dyspepsia, whether from general debility, the excessive use of indigestible articles of diet, or of stimulants. In these cases it is requisite to get the full effect of the drug. Likewise, in the dyspeptic symptoms that belong to heart disease, bronchitis, or cirrhosis of the liver, the good effects of nux vomica are no doubt on account of its tonic effect on the bloodvessels. In gastric catarrh, on the other hand, small doses of the drug should be used to secure its local irritant action. It seems to me the same theory, the increase of reflex excitability, may partially explain the good effect of this drug in constipation.

As a respiratory stimulant the action of this drug is well known. I once ordered it to a young girl in doses of twenty drops, and was surprised to find her father had had the bottle replenished twice for a cough. On the occasion of his third visit he confessed it was the best cough mixture he had ever had. Emphysema and chronic bronchitis were the cause of his cough. Last winter the nux vomica kept at work the entire season and enabled to walk long distances a man who, for years previously, would lose weeks and weeks each season

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on account of asthma and emphysema. His "wind" improved wonderfully, and his great boast was his ability to walk home with his fellow-workmen at their gait. I could readily repeat many instances of the value of this drug where respiratory stimulants are indicated.

In mental and physical depression due to prolonged excitement this drug is of value. One of my students took from sixty to eighty drops daily of the tincture, and thereby successfully tided himself over a period of great strain. In fact, he studied harder and kept later hours than at any other examination period, and with less detriment to his health. He is myopic and astigmatic, and this was the first time he came out of his studies without suffering from eye-strain. The doctor writes me that he has used the drug since in practice under similar circumstances. For instance, he helped along well a young society girl, who was unusually busy with engagements, until the rush was over. The uses of the drug are as dangerous, however, as the use of any stimulant, and should be given only on extraordinary occasions for the purpose indicated. Its use as above serves to show its power as a nerve-stimulant.

It has recently been the custom of students of medicine to take caffeine to keep them awake for study. My observation of the students who had taken one of these drugs was favorable to the use of nux vomica. The ones who took it came off with much better health and less nervousness than the caffeine-eaters.

Many patients complain of being more tired on rising in the morning than when retiring. This has disappeared frequently on a course of nux vomica. I have also the records of cases of spasm of the œsophagus, of excessive flatulency, of nervous depression, characterized by fear, by ready excitability, by mental lethargy, irritability, etc., and of forms of hysteria—occurring late in life especially—which were improved by this drug.

There are, of course, other well-known uses for this valuable drug, which time and space will not permit me to detail. In small and frequently repeated doses it has been recommended to be used, but I confess I have never had any good results from its use in this manner. Ringer recommends it in acute gastric catarrh, with "sick headache" and slight nausea, only in doses of one drop, in water, every five or ten minutes, until eight doses are taken. It may be a mere coincidence, but, nevertheless, in every instance of a similar character in which I used it, it caused vomiting without any relief.

The following are some of the conclusions which may be drawn from the above statements:

1st. The effects of nux vomica are in inverse proportion to the age of the patient; the susceptibility increases with the age.

2d. The usual doses of the tincture indicated in the text-books are inadequate for many practical purposes, and do not represent the usual dose of strychnine.

3d. It is a powerful and rather transient stimulant.

4th. The best therapeutical effects can be secured in many cases only by pushing the drug almost to the physiological dose.

5th. The system soon becomes accustomed to its use, and the dose must be increased.

6th. The good effects in dyspepsia are largely due to its power to heighten reflex excitability.

SANGUINARIA.—Dr. L. B. Anderson (Therapeutic Gazette) says: When I began the use of sanguinaria I used a saturated tincture of the recent root. I gave it in all portions from five drops up to a teaspoonful, and discovered no unpleasant effect from the largest doses, save a slight nausea, speedily followed by quietude or prompt emesis. I gave it to children three days old, and to others in all decades of human existence up to ninety. It would, when freely given, always promote a free discharge of mucus from the nasal pharyngeal, laryngeal, and bronchial mucous membranes in diseases of those tissues. Hence in nasal catarrhs, accompanied with symptoms of recent colds, such as headache, pain in the back and limbs, dryness about the nares and throat, feverishness, and chilliness, I have often given a teaspoonful of the tincture in a wineglass of sweetened water at bedtime, and found the patient entirely relieved the next morning. In the so-called "hay fever," when freely given in its early stages, it has often effected a cure in persons who had annually had attacks lasting for weeks, despite all the remedies they had used. A few weeks ago a case of this sort came under my care which had lasted two weeks before I was consulted, and under the use of sanguinaria, with an occasional dose of blue mass and insufflation of hot soda-water, the disease was cured in two weeks. To a child a year old, who awakes during the night with a sense of suffocation, arising from laryngeal stricture, accompanied with a frequent ringing, metallic cough and fever, twenty drops of the tincture given every fifteen minutes till emesis ensues generally affords entire relief in an hour or two. So uniformly efficient has this remedy proven in croupal coughs that I have found nothing else needed. When, however, the disease has progressed until tumefaction of the tissues has occurred from infiltration into the submucous cellular tissue, I no longer rely exclusively on the sanguinaria, but while continuing that in small and frequently-repeated doses, with small portions of chlorate of potassium, I give a very large dose of calomel, which generally relieves in a few hours very desperate cases.

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In all stages of whooping-cough, in the incipient stage of bronchitis and the second stage of pneumonia, and in all stages of phthisis pulmonalis, I have often found sanguinaria to meet indications which nothing else would fill. In measles, rotheln, and the malignant throat-troubles of scarlatina, it frequently subserves a purpose which nothing else will accomplish. But in much-dreaded and so often fatal diphtheria, I know of no agent which is at all comparable to it. I have had cases in families in which diphtheria of a very malignant form was prevailing, seized with violent sore throats, croupy coughs, high fever, and a violent sense of prostration, take the tincture or syrup of sanguinaria in large and frequently-repeated doses until free vomiting was effected, when copious streams of ropy mucus mingled with a large quantity of foamy bile would be discharged, affording entire relief of all the symptoms. When called to a case which has progressed to the formation of the diphtheritic membrane on the fauces, I give a large dose of calomel, and administer sanguinaria in medium doses every hour, and frequently cast upon the tongue a small portion of an impalpable powder composed of sac. alba and chlorate of potassium two to one. If the fever is very high, I give also—

℞. Spts. nitrous ether . . . ℥j.
Fl. ext. ipecac. . . . ♏j.
Tr. aconite root . . . ♏j.

M.—Ten to twenty drops every hour, with sanguinaria.

And if there be a distinct remission of fever in the morning and an exacerbation in the evening, I give quinine during the intermission to arrest the anticipated febrile paroxysm. But all the while I give sanguinaria as my sheet-anchor. Under this general plan of treatment of children, eschewing all ferruginous preparations as purely empirical and unphilosophical, and giving quinine only as a neurasthenic when the fever has assumed a periodical form, eschewing all moppings as only calculated to irritate the inflamed and sensitive mucous membrane, and using external inunctions of camphorated oil, covered with a flannel around the neck, I have met with such gratifying success as to render it undesirable to change it. In a paroxysm of asthma it is incomparable.

The great question which most interests the therapeutist is, what is the *modus operandi* of this agent that makes it so efficient in such formidable complaints? The most obvious effects are an increased secretion from the respiratory mucous membranes. This impression extends more or less to all the mucous tissues, as is evinced in its sanitive effects in aural catarrh, obstruction of the liver ducts, and the dry condition of the gastric and intestinal mucous membranes, in typhoid fever, in which condition the sanguinaria often exerts a very salutary effect. This result seems to spring from the influence the agent exerts over the vaso-motor nerves, controlling the capillary circulation in the mucous membranes as well as the organic nerves, through which the nutrition of the parts is accomplished. That such is the case we deduce from the effect of a full dose at bedtime in an incipient catarrh, and a rapid resolution of pharyngeal and laryngeal inflammation in incipient croup and diphtheria. When, therefore, the grade of pharyngeal inflammation has become so intense as to cause a rapid exosmosis and organization of fibrin, thus forming a false membrane, whatever will restore the circulation, reëstablish a healthy nutrition, and resolve the inflammation, must arrest further exudation, cut off nutrition from the false membrane and cause it to die and slough off. In sanguinaria we have an agent which fortunately meets these indications in a most gratifying degree, and often accomplishes these results more successfully than any other agent I have ever used or seen used.

PURE TEREBENE IN THE TREATMENT OF WINTER COUGH.—Dr. William Murrell states in the British Med. Journal, December 12, 1885, that he has notes of one hundred and fourteen cases of winter cough which were all treated with pure terebene, a substance prepared by the action of sulphuric acid and oil of turpentine. He states that it is an agreeable remedy, being a clear, colorless liquid, with an odor like that of fresh sawn pine wood. It will not mix with water, but as the dose is small it can readily be given on sugar. This must not be confounded with the patent medicine sold under the name of terebene. The best method of indicating the sphere of action of this drug and of illustrating its utility will be to give a brief abstract of the notes of one of Dr. Murrell's cases.

R. N., aged 43, a commercial traveller, stated that he had been subject to cough every winter for twelve years. His work was against him, and he was a good deal exposed to wet and cold and the inclemency of the weather. His cough used to trouble him badly only in the winter, but year by year it seemed to be coming on earlier, and now he was hardly ever free from it. It came on in fits, which shook him to pieces, and it was always very bad the first thing in the morning, often making him retch and vomit. There was a great deal of phlegm, thick and yellow, when he was in the country, but speckled all over with black in London. It was difficult to get it up, unless he could get some hot tea or something to loosen it. The shortness of the breath was worse than all, for it prevented him from going about, and interfered with his business. He had never spat any blood worth speaking of, but there were

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at times streaks after a severe bout of coughing. He became no thinner, generally losing a little in the winter, and picking up again in the summer. He had had a great deal of treatment, and mixtures, lozenges, and liniments without end. On examining the chest, it was found to be emphysematous, and there was a loud bubbling rhonchus at the base of each lung. On November 1st he was ordered ten drops of pure terebene on a piece of sugar every four hours. In three days he returned, and said there had been a marked improvement; the cough was easier, the phlegm was lighter in color and not so thick, and the breathing was decidedly better. The dose was increased to twenty minims every four hours, and a week later the patient wrote to say that he was better than he had been for years, and was almost able to do without the medicine. Dr. Murrell saw nothing of him again until January 6th, when, being in town, he came to see him. There had been some return of the old symptoms, and he was anxious for further treatment. Dr. Murrell ordered him a small Maw's spray-diffuser, holding about an ounce, and instructed him to use it, with the terebene, as an inhalation, several times a day. A fortnight later he wrote, saying that he had bought a larger apparatus, and that his complaint was more amenable to treatment than it had ever been before. The terebene spray eased the cough, brought up the phlegm, and, above all, relieved the shortness of breath. On his long railway-journeys, when he was unable to use the spray without inconveniencing his fellow-passengers, he rubbed the terebene on his moustache and beard, so that it might slowly diffuse, and, as he said, "softened the atmosphere."

One of the great advantages of pure terebene is that it is not a bulky medicine. An ounce bottle, carried in the pocket, will last for days, and is always ready for use. It is best to begin with five or six drops on sugar every four hours, and gradually to increase the dose to twenty minims. This is, for most people, the maximum quantity, but the drug has little or no toxic action, and one patient was so enraptured with his remedy that he insisted on taking a teaspoonful every four hours for a week. The only disadvantage Dr. Murrell has ever noticed from its employment is that it gives a peculiar and characteristic odor to the urine, a circumstance which patients never fail to mention. When used as a spray, from one to two ounces should be diffused and inhaled every week. In some instances he has tried giving it mixed with an equal quantity of olive oil, flavored with oil of peppermint. In twenty-five cases he has given the terebene in the form of an emulsion, made by mixing it with a little tragacanth powder, adding water and shaking well. Each ounce of the emulsion contained a drachm of the terebene, and it was usually given in half ounce doses, four times a day. The results were excellent, but not better than with the simple terebene itself, and he saw no reason for continuing the use of a more expensive preparation. In every case of winter cough in which the terebene-spray was used systematically there was a marked improvement. In many instances it was noted almost immediately, but in other cases, especially the very chronic ones, the patient had to continue using his remedy for some weeks. Even when there was marked emphysema, with little movement of the chest-walls some benefit was experienced. He treated eighteen cases of phthisis by the same method, and the results were certainly most encouraging. It did most good when there was old consolidation, when no active mischief was in progress, and especially when there was no elevation of temperature. He has also used it as a dry antiseptic inhalation on the cotton-wool of a respirator in phthisis, and has been much pleased with the results. In one case, that of a young lady, the respirator was worn almost continuously night and day for nine months; and the right lung, which was breaking down, cleared up, the temperature becoming normal, and the cough and other symptoms subsiding. Dr. Murrell thinks that terebene may be useful in checking hemorrhage from the lungs, but has no data to offer.

Many sufferers from winter cough also complain of acidity and flatulence. He soon found that the internal administration of pure terebene was an excellent remedy for this combination of symptoms. It checks the formation of flatus so quickly, and is so efficacious in expelling any that may remain in the stomach or intestines, that he constantly employs it in cases of dyspepsia when flatulence is a prominent symptom. Patients like it, and often continue taking it for months or years. It acts as an antiseptic, probably in much the same way as glycerine, oil of cajeput, and oil of eucalyptus. He evinces surprise that it has not come more largely into use in the treatment of flatulence.

Pure terebene is of such value in winter cough that he rarely resorts to other remedies. This year, however, he has tried a combination consisting of equal parts of pure terebene, oil of cubebs, and oil of sandal wood, mixed with liquid vaseline. This he uses in an atomizing apparatus invented by Mr. W. F. Semple, of Ohio, an apparatus which is somewhat complex and difficult of description, but may be said to consist essentially of a jar in which the medicated fluid is finely atomized by a blast of air propelled by a rubber ball. A nose-tube is attached, and the fine spray is inhaled either through the mouth or nostrils. It is certainly one of the best forms of spray-apparatus ever invented, and, when used

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with a cocaine solution, will be found wonderfully efficacious in the treatment of hay-fever and coryza. The formula Dr. Murrell has given yields excellent results, not only in winter cough, but also in post-nasal catarrh. He has made some observations on this point, in conjunction with a well known tenor, and has been astonished to note what a marvellous difference there is in the tone of his singing-voice after using it for only a few minutes. It is a powerful expectorant, and, if inhaled the first thing in the morning, when the mucous membranes are covered with thick, viscid secretion, it will give very great relief. Pure terebene is a valuable remedy, and will in time come largely into use.

BOOK REVIEWS.

Organic Materia Medica and Therapeutics. By JAMES YOUNG SIMPSON, M.D. New York: J. H. Vail & Co., 1885.

This little book contains a complete synopsis of the habitat, appearance, preparations, physiological action and therapeutical uses of all of the important remedies in the organic materia medica. It has been compiled from the most approved sources, and contains much useful information.

Transactions of the Medical Society of the State of Pennsylvania at its Thirty-Sixth Annual Session held at Scranton, Pa., May 27, 28, 29, 1885. Published by the Society.

This interesting and valuable volume contains the President's Address, by Dr. Ezra P. Allen; The Address in Hygiene, by Dr. Joseph G. Richardson; The Address in Otology, by Dr. Charles S. Turnbull; The Address in Medicine, by Dr. E. T. Bruen; The Address in Surgery, by Dr. E. A. Wood, and a number of instructive papers which have been published in various medical journals.

The Treatment of Opium Addiction. By J. B. MATTISON, M.D., Brooklyn, N. Y. New York and London: G. P. Putnam's Sons.

Dr. Mattison, in the monograph before us, details the method of treatment which he has arrived at after much experience in this department of practice. His manner of treating the subject is excellent; and his ideas, on the whole, seem to be good. The Doctor strongly condemns Levinstein's severe method of treating opium addiction. We think, had we to choose a course of treatment for ourselves, we would, undoubtedly, select that of Dr. Mattison.

Essentials of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, JR., A.M., M.D., Professor of General Medicine and Diseases of the Chest, in the New York Polyclinic, etc. Published by the author.

This little book was originally prepared for the use of the students in the class of General Medicine and Diseases of the Chest in the New York Polyclinic. It is deserving, however, of a much more extensive circulation. It contains a complete synopsis of the subjective and objective symptoms of the diseases of the thoracic cavity, together with an elaborate explanation of what to observe and what to avoid in making a diagnosis.

Practical Notes on the Treatment of Skin Diseases. Part I. Diseases of the Perspiratory and Sebaceous Glands. By GEORGE H. ROHE, M.D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons, Baltimore. Published by the author.

This valuable little work contains a concise but comprehensive description of the diagnosis, symptoms, pathology, etiology, prognosis, and treatment of hyperidrosis, bromidrosis, seborrhœa, comedo, acne, acne rosacea, sycosis, and the other disorders of the cutaneous glandular system. It can be obtained from the author for the very low price of twenty-five cents, and certainly deserves an extensive circulation.

Electricity in Medicine. By AMBROSE L. RANNEY, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System, in the New York Post-Graduate Medical School and Hospital, etc. New York: D. Appleton & Co., 1886.

The introductory chapter of this valuable monograph contains a number of practical suggestions relating to the selection and care of an electric battery for medical purposes, which, if heeded, will result in the saving of time as well as money. The succeeding chapters are devoted to a consideration of electro-diagnosis and electro-therapeutics, and contain an elaborate review of the value and methods of application of electricity as a therapeutic agent.

Puerperal Convalescence, and the Diseases of the Puerperal Period. By JOSEPH KUCHER, M.D. New York: J. H. Vail & Co., 1886.

This valuable work is the result of Dr. Kucher's observations during four years of service in the Vienna Lying-In Hospital, and several subsequent years of private practice. It contains chapters on Antiseptics, Normal Childbed, Lactation, Sore Nipples, Mastitis, Post-partum Hemorrhage, Thrombus of the Vulva and Vagina, Laceration of the Perineum, Cervix, etc., Inversion of the Uterus, Albuminuria, Eclampsia, Phlegmasia Alba Dolens, Relaxation of the Symphysis Pubis, Tetanus and Tetany, Puerperal Mania, Embolism and Apoplexy, Entrance of Air into the Circulation, Puerperal Fever, and Mortality of Puerperal Women.

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How We Treat Wounds To-Day? A treatise on the subject of antiseptic surgery which can be understood by beginners. By ROBERT T. MORRIS, M.D., Late House Surgeon to Bellevue Hospital, etc., etc. New York and London: G. P. Putnam's Sons, 1886.

The author of this bombastic book is fully imbued with his own importance, and the importance of dressing wounds according to his method or the method of his friends. He announces "that the time has come when it is best for the general practitioner to have as little as possible to do with surgery." In our opinion the time has come when the general practitioner should have as little as possible to do with all such egotistical specialists or would-be specialists.

Epitome of Diseases of the Skin. Being an Abstract of a Course of Lectures Delivered in the University of Pennsylvania, during the Session of 1883 and 1884, by LOUIS A. DUHRING, M. D. Reported by HENRY WILE, M. D. Philadelphia: J. B. Lippincott Company.

The nature of this little book is stated in the title. It is convenient for reference when one has not the time to devote to a perusal of a regular treatise on dermatology. The lectures, on which this book is based, were delivered by Prof. Duhring, and reported in abstract by Dr. Henry Wile for the Medical News. After having been revised they are published in the present shape. It is intended in no degree to take the place of the more complete works on diseases of the skin. For conciseness and simplicity, it well merits commendation.

Lectures on Syphilis. Delivered at the Chicago College of Physicians and Surgeons. By G. FRANK LYDSTON, M.D., Lecturer on the Surgical Diseases of the Genito-Urinary Organs and on Venereal Diseases in the College of Physicians and Surgeons, Chicago, Ills. Chicago: A. M. Wood & Co., 1886.

The lectures contained in this volume were originally published in the Western Medical Reporter, but attracted so much attention that they have been slightly revised and issued in book form. They contain a vivid description of the course and complications of syphilis, together with a *résumé* of the most approved theories relative to the pathology of the disease, and a valuable chapter upon the remedies which are most effectual in checking its ravages.

NEW PUBLICATIONS RECEIVED.

Surgical Treatment of Infants. Reprint from Medical and Surgical Reporter.

Constitution and By-Laws of the New Mexico Medical Society.

Address in Otology, by Charles S. Turnbull, M.D. Extracted from Transactions of Pennsylvania State Medical Society.

Giant Growth of the Extremities, by Charles Graefe, M.D. Reprint from The Medical Press of Western New York.

Joint Diseases; Treatment by Rest and Fixation, by De F. Willard, M.D., Philadelphia. Reprint from the New York Medical Journal.

Marion County, Florida: An Ideal Winter Climate, by George T. Maxwell, M.D., Osceola, Fla. Reprint from the Medical News.

A New Electric Light for the Diagnosis and Treatment of Diseases of the Nose and Throat, by Dr. William Chapman Jarvis, New York.

Mutual Protection against Blackmail, by E. J. Doering, M.D., Chicago, Ill. Reprint from Journal of the American Medical Association.

Progress of Electrolysis in Surgery, by Robert Newman, M.D., New York. Reprint from Gaillard's Medical Journal.

An Experimental and Clinical Study of Air Embolism, by N. Senn, M.D., Chicago, Ills. Extracted from Transactions of American Surgical Associations.

The Study of Medicine as a Means of Education, an address delivered before the American Academy of Medicine, by R. Lowry Sibbett, A.M., M.D., Carlisle, Pa.

Mineral Waters, by A. C. Peale. Abstract from Official Statistics of the Mineral Resources of the United States. Published by the Department of the Interior, Washington, D C.

Report on Alcohol. Its Action and Effects in Health and Disease, by A. B. Palmer, M.D., LL.D., Ann Arbor, Mich. Reprint from Transactions of Michigan State Medical Society.

Diphtheria and Its Management. Are Membranous Croup and Diphtheria Distinct Diseases? by Joseph E. Winters, M.D., New York. Reprint from the Medical Record.

Does a Chronic Discharge from the Ear Make Life Insurance Hazardous? by Charles S. Turnbull, M.D., Philadelphia. Extract from Transactions of Medical Society of Pennsylvania.

Transactions of The American Dermatological Association at the Ninth Annual Meeting held at Greenwich, Conn., on August 26–28, 1885. Compiled by the Secretary, W. T. Alexander, A.M., M.D., New York.

Necrosis of the Frontal Bone following Inflammation of the Frontal Sinus, by S. T. Armstrong, M.D., Ph.D., Passed Assistant Surgeon United States Marine Hospital Service. Reprint from New York Medical Journal.

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COMMERCIAL NEWS.

Natural Mineral Waters in Diabetes.

On page 72 of this issue of The Medical Bulletin Professor Roberts Bartholow, M.D., LL.D., says: "I have seen very great good result from the use of Bethesda water. The Vichy water of Saratoga is very like the French Vichy, not quite identical, yet very useful in this disease (diabetes); so that we have just as good springs in this country as they have in Europe, and we need not send our patients on long and expensive journeys for that which they can procure at home."

Not only the waters of Waukesha and Saratoga, but any of the leading *natural* waters, can be obtained in their purity from Shafer's Mineral Water Depots in Philadelphia, Baltimore, or Washington. This firm devote themselves exclusively to the handling of Spring Waters. They extend to the members of the medical profession, wherever located, a most cordial invitation to visit either of their depots to satisfy curiosity or when in search of information relative to mineral water or springs.

Those seeking information about mineral springs need have no hesitancy in calling on these gentlemen for it, resting assured that they take pleasure in giving as full and correct information as they possess.

Physicians desiring to know whether they handle genuine waters, can always ascertain, by addressing a postal card to the respective springs whose waters they claim to handle. (See their advertisement on page 20.)

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79 Washington Place,
New York, January 26, 1886.

The Smith & Shaw Electric Co.

I have used your Closed Cell Pocket Battery daily in my practice and am highly pleased with it. I find it so portable that I can carry it about in my coat pocket when making my professional visits, without any inconvenience. My patients say that the current from your battery is more agreeable than that of my large battery of a different make, it being more smooth and uniform. In my hands it has given entire satisfaction and met all the requirements. Very sincerely yours,

W. H. Richardson, M.D.

Specifics.

Specific medication sounds well to the ear. It is a positive assertion in itself, and is the desire of every physician, a grand desideratum to the patient. But what specifics have we in medicine and for what diseases? Have we any specific for smallpox, yellow fever, cholera, scarlatina, asthma, croup, Bright's disease, or diabetes? None whatever. Yet we have practitioners who prate glibly about specific medication, as though they held in their feeble hands the keys to health and life. We have a few remedies that exert a strong specific influence over certain morbid conditions, and they are but few, but some of them are worthy of special reference. Quinine exerts a powerful control over intermittent fever; baptista tinctoria over low typhoid conditions; lobelia inflata is our great remedy in pneumonia, asthma, and croup; discorea villoso stands at the head of remedies in bilious colic; gelseminum and veratrum viride as sedatives stand justly at the head in general fevers, both of them being far superior to aconite, as they do not depress the vital forces to the same degree. In dysmenorrhœa, menorrhagia, and all spasmodic affections, viburnum compound, of Dr. Hayden, has a high specific action, but none of the above valuable remedies are specifics. The two remedies which approach the nearest to specifics in the true sense of the word, are the homely onion and potato in scurvy, for if used freely and in season they will cure the patient. In some forms of dyspepsia and in the most dangerous cases of obstinate constipation, a small piece of *rich* old cheese, will save the patient after quicksilver, ol. tiglii, and all other potent drugs have failed.

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39 West Forty-Second St.,
New York, January 25, 1886.

The Smith & Shaw Electric Co.

Dear Sirs:—It always gives me pleasure to commend a really meritorious article. Such is your Closed Cell Pocket Battery, and I believe you are fully entitled to all you claim for it. It is *multum in parvo*, and decidedly the best Pocket Battery in use.

Very truly yours,

F. G. Welch, M.D.

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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, APRIL, 1886. No. 4.

CLINICAL LECTURES.

A CASE PRESENTING EVIDENCE OF CARDIAC, RENAL, AND HEPATIC DISEASE

WITH THE RETENTION OF EFFETE MATERIALS IN THE BLOOD.

BY WILLIAM PEPPER, M.D., LL.D.,
Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This man is extremely ill. He has been in the hospital three days. He is a German, 45 years of age, a baker by occupation; married. His family history is good. So far as we can learn he has been pretty healthy until his present attack. He acknowledges to have been a steady and heavy drinker. According to his statement his illness began fourteen weeks ago with swelling of the abdomen, and there evidently was effusion. At the same time anasarca appeared, and continued to spread until it involved the whole body. When admitted, the anasarca was complete, but somewhat less marked in the face than elsewhere. The mind was wandering, and it was impossible to obtain any history but that which I have detailed, and, in fact, there is doubt as to the correctness of these statements. If the man's mental condition were such that we could obtain a full history from him, I have no doubt that we should learn that there had been symptoms of organic disease for a period longer than his replies would indicate. It is clear that the abdominal dropsy would not have made its appearance fourteen weeks ago, except as the result of some preceding organic disease.

As I have said, when admitted there was ascites and anasarca. The heart was very weak, and the pulse small and feeble. The pupils were dilated. The lungs seemed clear. Under the influence of digitalis, the action of the heart became more regular, and it was then possible to make the diagnosis of double mitral disease. The urine was found to be charged with albumen, but we have been unable to find any tube casts.

In view of the condition of the mind, the presence of albuminuria, the existence of dropsy, and the evident and urgent need of relief, he was given a jaborandi sweat. The sweat was copious, and the general condition seemed somewhat improved, but the urine remained scanty, only fourteen ounces in the twenty-four hours being passed on the 10th. The following day he continued restless and delirious, and passed eighteen ounces of urine. Yesterday (the 12th) the jaborandi sweat was repeated. The quantity of urine was fifteen ounces. There were evidences of slight effusion in both pleural cavities. To-day the man is dull, with wandering delirium. The heart is rapid and feeble in its action. During his presence in the hospital there has been no fever. The man's appearance is most wretched. The bloated, puffy face, the sallow skin, the slightly icterode conjunctiva, the decreased sensibility of the reflexes, in fact, the whole appearance of the patient is that of one who for a long time has had organic disease. The pulse is extremely small, ninety-eight in the minute, and regular. As you have heard there are evi-

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dences of mitral disease, but owing to the great weakness of the heart, it has been difficult, except on one occasion, to obtain satisfactory results on auscultation. To-day the cardiac sounds are barely audible, and it is impossible to determine the nature of the murmurs which are heard. After the use of digitalis, there was no difficulty in recognizing the mitral murmurs.

On percussion, there is marked resonance over the right chest down to the fifth interspace, where the dulness resulting from the presence of the liver is encountered. Resonance is again noted at the margin of the ribs, where there is marked tympany, showing that the area of liver-dulness is decreased. It should extend at least three-fourths of an inch lower. Over the entire left side of the chest there is resonance in front. The apex beat of the heart can scarcely be detected. It is felt as a mere quaver at the normal position. Deep percussion indicates that the size of the heart is slightly increased. Posteriorly, the lungs are resonant far down, and there is a little effusion on both sides which has increased somewhat since admission.

It is impossible for us to regard the heart affection as the chief source of this man's trouble. Were it so, we should find more marked signs of organic change in the heart. The mitral valves are apparently affected, but the form of the heart is not sufficiently altered to make us regard it as having been for a long time the seat of serious organic disease. The heart lesion undoubtedly plays a part in producing the condition.

Failing to find a satisfactory explanation of the trouble in the condition of the heart, we turn to the kidneys, and here also the evidence is largely of a negative character. The urine is extremely scanty, and the kidneys are undoubtedly intensely congested, but the amount of albumen present is not greater than is often found where there is marked renal congestion. The examinations so far made have failed to reveal the presence of tube casts. In the presence, then, of feeble heart and of condition of circulation leading to congestion and explaining the scanty urine, and in the presence of only a moderate quantity of albumen and no tube casts, we cannot assert that the man has serious organic disease of the kidneys. We cannot explain the condition as one of uræmia from Bright's disease, a condition which it very closely resembles, but the examination of the urine does not altogether confirm this view. The condition of the kidney, as does that of the heart, no doubt plays an important part in the production of this man's symptoms. Where a patient is loaded with his own juices, as is this patient, with the tissues water-logged, and the secretion of urine reduced to fifteen ounces per day, even if there be no disintegration of the kidneys, it is clear that there is retention of effete matters, which is just as serious as though due to organic disease.

Again, we have reason to suspect grave organic disease of the liver. This is justified in the first place by the history of steady drinking. In the second place, if there is anything reliable about the man's account of himself, the dropsy began in the abdomen, and, as you see, it has reached large proportions. After the ascites had become marked, the general anasarca extending over the entire body appeared, affecting the trunk most distinctly. This would indicate that the dropsy was due more to hepatic than to cardiac or renal lesions. In the third place, we have the results of percussion which seem to indicate that the size of the liver is diminished, and that there is a condition of cirrhotic contraction of the liver. This view is, however, not confirmed by the presence of swollen veins over the abdominal walls with reversal of the current. If that were added, there would be no doubt that there was a condition of advanced cirrhosis. Despite this absence, which would indicate that the cirrhosis had not reached its most extreme stage, the history and the results of percussion indicate that cirrhosis is present. In some cases of cirrhosis the separation of the elements of the bile goes on to the end of the case, almost uninterfered with. While the patient has dropsy, he does not have jaundice and the other evidences of the retention of the elements of the bile in the blood, but in other cases the picture is changed, and we find that not only does the interstitial inflammation affect the veins, inducing dropsy by obstructing the circulation, but that it affects the radicles of the bile ducts, interfering with the escape of the bile, causing jaundice. In the present instance there is no jaundice, merely a little icterode condition of the skin. Finally, in some cases, although I confess they are usually cases where jaundice is present, we also find, toward the close of the case, evidences of blood poisoning, indicating that the separation of those numerous

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matters which are found in the bile does not occur, and, as a result of their retention, there is a condition of blood poisoning analogous to uræmia. It has been proposed to term this condition cholesteræmia, but I think it undesirable to fix upon a special substance and give a special name in connection with a group of symptoms such as these coming on in the course of disease of the liver. It is not the retention of any single substance, but the retention of all substances, sometimes more of one than of another that gives rise to the symptoms.

We have then in this case a weak heart, probably fatty degeneration, some mitral disease and extremely imperfect circulation and a tendency to cyanosis, as shown by the purple hands and the sluggish capillary circulation. This partly explains the condition of the patient. Secondly, we have a kidney complication, intense congestion, and possibly nephritis. There is scanty secretion of urine, a slight amount of albumen, but as far as examined no tube casts. The condition of the kidneys helps to explain the evident state of blood poisoning and oppression of the nerve centres which is present. In the third place, we have evidences of organic disease of the liver, which aids still further in explaining the condition present. The obstruction of the portal circulation would lead to ascites, and be followed by anasarca and the retention in the blood of effete matters which should be eliminated in the bile.

In all these cases we have also to consider whether or not there has been, in addition to these changes, organic disease of the nerve centres; whether or not there is intra-cranial effusion or sub-acute meningitis, which would go far to explain the symptoms present in this case. Such lesions are not usually present. Here there is quite enough in the changes to which I have called attention to explain the condition present without assuming the existence of intra-cranial disease. Still we cannot help seeing that with the state of the circulation and the general anasarca, a certain amount of œdema of the sub-arachnoid space and effusion into the lateral ventricles of the brain might readily occur, and that we might have complicating the case a tendency to increased stupor and evidences of more or less intra-cranial passive serous effusion. Before the discovery, by Bright, of albuminuria and of the poisonous effect upon the blood resulting from the retention of effete matters, and the development of uræmia, these cases were regarded as due to cerebral effusion, serous apoplexy, and chronic hydrocephalus. At the present time, the tendency is rather in the opposite direction. The better knowledge we have of the results of poisoning of the blood from the retention of effete materials, rather leads us to explain such conditions as being merely the result of blood poisoning, without remembering that in such cases there is organic change within the brain. I think it not improbable that we should in this case find passive effusion within the cranium. So, too, in these low states of the system, thrombosis of the cerebral sinuses may occur with such extreme collateral venous congestion as will induce marked symptoms of cerebral oppression.

Finally, where we have albuminuria and blood poisoning and a disposition to a low grade of irritative action throughout the body, slow meningitis may set in. It would not be at all surprising to me to find in connection with the changes which I have described lesions within the cranium.

Assistance in the diagnosis in these cases is sometimes afforded by the opthalmoscope. The examination has not been made in this case as yet, but it will be done. If there were Bright's disease, we should expect to find albuminuric retinitis, with patches and white tracts in the course of the vessels and possibly changes in the optic nerve. If lesions were found it would be necessary to decide whether they were dependent upon the existence of Bright's disease or whether they were due to descending neuritis from meningitis. In the latter case, the lesions would be chiefly connected with the optic nerve and its sheath. There would be cloudy swelling of the disc, engorgement of the venous trunks over the retina, and a contracted state of the arteries without patches of albuminous effusion so characteristic of albuminuric retinitis.

Now as to the prognosis. This appears to be utterly bad, I cannot think that the man will live long. I believe that for a long time he has been the victim of organic changes, the heart, kidneys, and liver certainly suffering. I think that our remedies will fail to prove of service. The circulation is so poor that there is no encouragement to produce more sweating. He has received two jaborandi sweats, and each time has sunk into a deeper condition of

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stupor although getting rid of a large amount of the effusion. The secretion of urine has been increased very slightly by this measure. Does the condition demand paracentesis? I hardly feel that it does. His present condition certainly is not dependent upon interference with the action of the lungs and heart from large ascites. I should prefer to first try the effect of digitalis, calomel, and squill, giving one grain of digitalis, half a grain of calomel, and one grain of squill every three hours until the bowels are acted upon. If this does not produce secretion, some of the liquid may be drawn off.

OXYGEN IN THERAPEUTICS.

BY C. C. VANDERBECK, M.D., PH.D.,
Lecturer on Hygiene, Medico-Chirurgical College, Philadelphia.

(Concluded from March number.)

MCREQUIG, in 1880, reported that he used with success in a case of laudanum poisoning, in a child four months old, inhalations of oxygen. The child had swallowed a large coffeespoonful of the drug. The improvement was rapid, but seemed to cease as the inhalations were abandoned. The cure was completed at the end of twenty-four hours. He adds, treatment must be kept up after apparent restoration, else the toxic symptoms may return.

Dr. S. Abrahams reports a case of a young man asphyxiated by chloroform, who became pulseless, and all hopes of his resuscitation abandoned, after all the usual remedies had been tried, but who was saved by the inhalation of undiluted oxygen.

Croup.—As early as 1794 oxygen had been employed in croup. Bretonneau reported to the Parisian Academy of Medicine, in 1821, good effects in a case of croup. A number of reports are to the effect that the gas is indicated in the suffocating paroxysms of croup, to guard the patient from the consequences of such attacks, which frequently prove fatal, and to place him in such a position as to enable us to apply other remedies, having in such measure the same effect as tracheotomy.

Dr. Pepper says of oxygen in croup: "The inhalation of oxygen has proven rather advantageous in my hands in a few instances." A case in point was dyspnœa, cyanosis, and convulsions, produced by the invasion of the bronchi with the pseudo-membranous process. He says, "Whenever a current of oxygen was introduced into the lungs through the canula, both cyanosis and convulsions would cease, and return when its supply was stopped."

Oxygen in croup has been also recommended by Dr. Herman Biegel, of England, and by Dr. Miguel, of France.

Cholera.—Dr. Smythers used oxygen in this disease with success in the epidemic of 1832. Favorable reports are also given in the Madras army from 1828 to 1844; in India, 1850; in London, 1853; and by Schnarz in 1831. Fay, in Poland, 1831.

Diabetes.—Demarquay, Bouchardat, and Simonsin have seen marked diminution in the amount of sugar excreted under oxygen treatment.

Hydrophobia.—In the Medical and Surgical Reporter for December 10, 1876, is a translation from a German medical journal of a case of hydrophobia, on the authority of Schmidt and Lebeden, in which the inhalation of three cubic feet of oxygen produced immediate amelioration of the symptoms, and within two and a half hours apparently restored her to her former condition of health. The next day a more severe attack occurred, but was again relieved in forty-five minutes by the inhalation of oxygen. Slight symptoms were thus treated for ten days. The final result was complete recovery.

Local Use.—Ringer says: "This gas is useful as a local application to atonic, painful sores, but produces no effect on healthy sores. In senile gangrene, administered as a gaseous bath, for an hour or longer at a time, and repeated six or eight times a day, it is said to be of the greatest use. The livid red changes to a rose color, warmth returns to the tissues, sensation is restored, pain mitigated, and the disease is checked and even sometimes cured."

Dr. R. H. Goolden, Lancet, October 29, 1879, reports a case of phagedenic ulceration of the pharynx treated by oxygen inhalations with rapid improvement. In the same journal, January, 1880, the Doctor reports favorably of the direct application of oxygen to ulcerating surfaces.

Demarquay says when oxygen is placed in contact with suppurating wounds the discharge lessens and becomes thinner, and granulations quickly spring up.

Eclampsia.—Dr. Holstein, in the Gazette Médicale de Paris, asserts that oxygen has marked power in enfeebling or inhibiting exaggerated reflexes.

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Professor Lashkevitch, of St. Petersburg, reiterates this assertion, and at his suggestion, Dr. Favr, of Kharkov (reported in Vratch, November 13, 1885), resorted to oxygen inhalations in two cases of puerperal eclampsia, and his efforts were followed by prompt and brilliant results.

Cough and vomiting of reflex origin have been promptly arrested by inhalation of oxygen with an admixture of nitrogen monoxide.

Eczema.—Dr. Wallian reports the following: Mrs. W. M. A—, æt. 55. An extremely severe case of chronic eczema, complicated with hay-fever and an undoubted specific taint. The true nature of the case having been disguised in the beginning, treatment was undertaken and pressed for six weeks, when only moderate benefit being apparent, beyond the relief of the hay-fever and accompanying indigestion, further treatment was refused, the patient being advised to go to the Hot Springs of Arkansas.

Dyspepsia.—Dr. Wallian, of New York, reports the following: Mrs. H. A. E—, æt. 30. Case of unusually severe chronic constipation of ten years' standing. Family history shows phthisis, which has been both predicted and feared. Result of six weeks' treatment, marked general benefit, which continues to date.

Dr. A. M—, æt. 55. Came to me suffering from aggravated dyspepsia, with persistent constipation and distressing insomnia. Weight, one hundred and thirty pounds. Has had inflammatory rheumatism, and one sister died of phthisis. Was placed on active oxygen treatment with nourishing diet—no drugs whatever—and in three weeks gained five pounds in weight, and had an excellent appetite. Constipation relieved and digestion good. Sleeps soundly, and has climbed to the summit of a neighboring mountain, nearly five thousand feet above the sea-level. Is to continue the treatment at home.

Dr. K. J—, æt. 40. Has been a chronic sufferer from indigestion and "neurasthenia." In one month the indigestion is a thing of the past. He eats the miscellaneous fare of a well-kept hotel with impunity. Has gained five pounds in weight, and says he feels "rested," and much stronger. Can hunt, fish, and climb mountains without great fatigue. Says he feels physically "renovated," and returns to his practice with zest.

S. C. H—, æt. 37; married; suffering from distressing dyspepsia, insomnia, and decline of virile power. After four weeks of active, but somewhat interrupted treatment, he declares himself a "new man." Was able to sleep soundly all night for the first time in two months after a single treatment—six inspirations. Now sleeps, eats, and digests well, and asserts that his virile powers are all that he could desire! In respect to this latter result, it was a surprise to me, but I have since noted the same revival in a very marked manner in a number of additional cases. The treatment has proved a prompt restorative to this function in every case since observed, in which loss of sexual appetite and power, in either sex, had been a marked feature.

S. A. C—, merchant, æt. 59. Case of chronic rheumatism, severe dyspepsia, and slowly progressive locomotor ataxia. Oxygen treatment undertaken by means of a portable rubber bag, patient being confined to his bed, and completely helpless. Result of six weeks' treatment, gradual amelioration of all the symptoms. Locomotion became possible by the aid of a cane, and so remains at this writing.

Mrs. S. A. M—, æt. 26. Disease: severe, chronic, gastric catarrh. Complete recovery, and a gain of fifteen pounds in body-weight in six weeks.

In the severer forms of the indigestions the results have been scarcely less brilliant. Scanty or suppressed secretions are gradually restored, absorption and assimilation resume normal activity, and the functions of depuration and defecation, long deranged, obstructed, or interrupted, are surely, normally, and, in a medical sense, permanently restored.

It may be asserted, in general, on rational as well as experimental grounds, in connection with this treatment, that those chronic cases show most marked and striking results which are selected from the great army of house-prisoners, "delicate" people who, from necessity, habit, preoccupation, or negligence, have been long deprived of wholesome air and everything like active out-door life; or who have long suffered from miasmatic location, sedentary occupations or unsanitary surroundings; or from those who have been too tenderly reared—overcoddled (and this virtually includes every close resident of a populous city). To these may be added the phlegmatic, the "lymph albuminous," and the lazy—of whom every community shows numerous examples—patients with

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sluggish circulation, small respiratory apparatus, torpid or enlarged livers, fatty heart or kidneys, and with habitually retarded excretory functions generally—WALLIAN.

Trousseau and Oxygen Inhalation.—You have seen in our clinical wards the successful results of this treatment, results which have not astonished you less than they have astonished me.

The results were as remarkable when looked at from a therapeutic point of view, as they were physiologically unexpected and paradoxical.

The woman, whose case I am now going to describe, was admitted on the 1st of April, 1864, and is now a patient, occupying bed No. 7, St. Bernard Ward. She is twenty-two years of age. She has been, like the other woman whose case I have just described, recently confined; like her, also, she was anæmic, and exhausted by lactation. Her face was exactly like that of a dead person. The first step in the treatment was to separate the child from the mother. There was, however, no improvement between the first and 14th of April, that is to say, during the first fourteen days in which she did not give suck. On the contrary, there was a continuance of the fever; the pulse ranged between 120° and 130° Fahr.; the skin was dry and hot, and the debility went on increasing. So great was this debility, that the patient could not sit up in bed without fainting, and on this account auscultation was almost impossible.

Nevertheless, it was ascertained with certainty that the lungs were healthy. As there was no tubercular disease, as tonics and ferruginous remedies had failed, and as there was complete anorexia, I resolved to try the effects of inhaling oxygen, with a view to restore appetite and promote digestion. The patient commenced this new treatment upon the 14th, but was so weak that after the second inspiration of this gas she became insensible from the effort made in inhalation. However, I recommended her to persist, and to inhale during the day, at intervals, a quantity amounting to five or six litres. For three days she inhaled much less than that quantity, and during that period the amelioration was not very perceptible. But from the 19th the patient could sit up in bed with impunity, and could eat a little. The pulse was not more than 104 in the minute. On the 21st, she was able to leave her bed for an hour. She asked for food, particularly for vegetables. The pulse was not more than ninety-two. The skin was cool. Upon the 24th, the pulse was eighty. On that day the patient went down into the garden and ate voraciously. To-day, April 30th, and for the four preceding days, the pulse has ranged between seventy-two and eighty. The young woman feels herself so well that she wishes to leave the hospital. I have, however, asked her to remain, telling her that her cure is not yet complete. In fact, she still continues pale, and the fibre has evidently regained its tonicity to a greater extent than the blood has regained its normal constitution.

One strange and unexpected phenomenon which accompanies the inspiration of oxygen is the production within the chest of an agreeable sensation of coolness by each inspiration of the gas. The pulse being eighty-four on the 30th of April, when the patient began to inhale the ten litres of gas, had fallen to seventy-six by the time the inhalation was completed, and remained at that point during the remainder of the hospital visit. The pulse becomes thready after three inspirations of oxygen, and so continues for two or three minutes of the duration of the operation. These facts prove—were proof required—that hæmatosis is not accomplished in the lungs, but in the general capillaries—that during the inspiratory act there is a simple exchange of gas in the organs called the organs of hæmatosis, and that, finally, the oxygen acts almost immediately upon the vaso-motor nervous system producing contraction of the vessels.

How shall oxygen be administered?

1st. Direct inhalation will probably always stand at the head of all methods.

2d. Cutaneous absorption has been resorted to in Europe, and may be found advantageous in certain cases.

3d. Oxygenated water is a feasible and pleasant medium for stomachal administration. It is prepared by saturating steam with the gas, at high pressure, and afterward condensing the steam.

M. Brochin reported some experiments made by MM. Paul Bert and Becquard at a recent meeting of the Société de Médicine Pratique (British Medical Journal). Oxygenated water was used with great success in the treatment of purulent cystitis, ozæna, and ringworm; also internally in uremia and diabetes.—C. C. V.

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4th. Oxygenated bread has been used to some extent in England, and there is no reason why the "aërated bread" of our cities should not be easily transformed into oxygenated bread at will.

Of this bread Dr. Birch says: "Its relative effect on the appetite is singular. Thus on the one hand (as might be expected) it stimulates the appetite when absent or capricious, while, on the other hand, it tends to produce such a feeling of epigastric fulness, when sufficient food has been taken, as to effectually suspend (if not satisfy) some morbidly craving appetites. . . .

"In some cases it will be found advantageously to supersede artificial pepsin, pancreatin, and even quinine and the mineral acids. . . . . It is particularly indicated in cases of delicate children with continually recurring ascarides, functional derangement of the stomach and bowels, and mesenteric weakness."

In the matter of proportions and combinations, and as respects the quantity to be exhibited in a given case, there is a wide latitude for the exercise of professional discretion, as in the compounding and selection of ordinary drugs.—DR. WALLIAN.

Time and Frequency of Administration.—Except in emergencies, the treatment should not be given either on an empty stomach or after a prolonged fast. In a majority of cases the mid-meal hours between breakfast and dinner are most favorable. It is well to avoid giving any active treatment within an hour of any principal meal, or at any time when there is present an unusual degree of fatigue. Mere weakness or nervous prostration do not, however, contra-indicate, but are usually relieved by oxygen.

As a rule, in ordinary chronic cases one treatment per diem is all that is advisable; in many cases it is all that is allowable. This should be carefully borne in mind by the inexperienced, since it is quite easy, and I had almost said natural, in the anxiety of both physician and patient to see palpable signs of immediate improvement to overdo in the matter of dosage.

Dosage and Intervals.—When feasible, let the patient stand erect, throwing the shoulders well back and as thoroughly as possible expelling the residual air from the lungs before inspiring the gas; then with a steady effort slowly inspire from the mouth-piece until the lungs are as full as can be readily filled. Let the inspired gas be retained as long as convenient without discomfort, then slowly and deliberately expired. There should be an interval of from five to twenty minutes, according to the nature of the case, before a second inspiration is given, and during this interval the patient may walk about, sit or recline, as he seems most inclined. It is well to hold the nose while inspiring.

In ordinary non-critical cases, accompanied with venous stasis and general functional torpidity, from four to ten inspirations, comprehending two to six gallons, may be given at each daily *séance;* but this limit should seldom be exceeded. Some cases will present in which two full inspirations will be all that should be exhibited during the twenty-four hours. In this regard the practitioner must be constantly on the alert, and must use the most careful discretion.

A systematic record should be kept of each case treated, beginning with a summarized history, a thorough physical examination, an examination of the urine, noting pulse- and respiration-rates, capacity of lungs, etc. The quantity per diem and specific gravity of the urine, as observed at stated intervals; daily, in critical or important cases, and at least weekly in all during treatment, will furnish suggestive data from which to regulate the quality and quantity of gas to be exhibited.

In acute cases, as of asphyxia from any cause, alarming dyspnœa, cyanosis, suspended animation, narcosis, severe paroxysms of asthma, etc., no definite rules can be formulated. The indications must be gathered in each instance from the nature and progress of the case, and the judgment of the practitioner must in all cases supersede all rules.

In cyanosis and asphyxia there is little danger of pushing the treatment too rapidly or too far, short of positively relieving the patient. The immediate demand is for oxygen, and it may be given, freely and constantly, until the imminent crisis has been passed and the urgent symptoms are relieved.—WALLIAN.

The adjuvant treatment should be in accordance with the exigencies of each case. The diet should be abundant and varied. By reason of the action of oxygen to accelerate molecular change, a liberal supply of fresh material is imperative. Warm bathing, massage, and in

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torpid states of the digestive organs, hot water drinking are useful adjuvants. Morbid products are set free by the treatment, and these should be washed away.

ORIGINAL COMMUNICATIONS.

THE PRINCIPLES OF HEALTHY CLOTHING.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S.
Resident Medical Officer, French Hospital, London.

THE choice of materials for clothing has been dependent, hitherto, far more on the facilities which they offer for manufacture, or self-decoration, than on any preconceived idea of their suitability, although here, as elsewhere, we find, on examination, that the consensus of opinion of succeeding generations, generally leads in the right direction. The best method, therefore, of arriving at the truth is to reason backwards, and to endeavor to ascertain why certain materials have invariably been chosen, under certain circumstances, as clothing material, and this may enable us to understand the laws which underlie this apparent hazard in the matter of choice. The value of clothing consists, as we all know, in promoting the maintenance of our bodies at an equable temperature, and in shielding the surface from the effect of sudden and violent changes in the temperature of the surrounding atmosphere. Now the value of any particular substance as an article of clothing is in inverse proportion to its capacity as a conductor of heat. But this is not the only quality to be considered in the selection of such materials, for while we wish to protect our bodies from undue loss of heat by radiation, we have to provide or allow for ventilation, and the escape of watery vapor and gases, and here the materials vary within wide limits. It should be borne in mind that radiation takes place, not only in proportion to the relatively low temperature of the ambient air, but also, and more markedly, towards bodies which are possessed of a lower temperature than ourselves.

A great factor in protecting our bodies from thermometric changes, lies in the different strata of air which intervene between the different layers or garments, and permeate the fabrics themselves.

It is to this that we owe the extreme warmth of such substances as eider-down, or furs, or plumage of any sort, the interstices of each being filled with air, which is, in itself, a bad conductor of heat. Many experiments have been made since those first conducted by Rumford, in 1736, to determine the delays which occurred in the cooling of a thermometer heated to a certain degree, when enveloped in hemp, flax, cotton, silk, and wool respectively. Since this observer, Senebier and Bœckmann have both recorded numerous experiments with a similar object in view. Black flannel was found to allow of the absorption and dispersion of heat more rapidly than lighter shades, but it is difficult to say how much of this is attributable to the difference in the texture from the chemical changes involved in dyeing. In any case, the differences found to exist between textures of various hues, are only appreciable as regards solar heat, obscure heat not exhibiting the same preferences. In some more recent investigations, by Pettenkofer, on a cylinder of sheet-iron filled with hot water, and enveloped successively in different textures, the variations only represented some one or two per cent., and this irrespective of color, but when the cylinder was exposed to the rays of the sun, the absorption of heat varied between linen and silk as much as 90 to 108. The effect of color was even more striking, and was as follows: white, 100; yellow, 140; green, 160; red, 168; blue (light), 198; black, 208. The figures readily explain why a black garment is unsuitable to wear in the sun. It is worthy of note that, on enveloping the cylinders with a double layer of satin, cotton, or fine linen, the loss was only diminished by some two to six per cent., whereas, with chamois leather, flannel, or woolen cloths, the diminution amounted to from twenty to thirty per cent. The inference is evident, viz., that the resistance to the passage of heat depends less upon the individual conductivity of the textile fibres than upon the thickness, the volume, and the texture of the materials. The conductivity of wadding, for instance, increases some forty per cent. when strongly compressed. Although the radiation which goes on is not notably diminished by doubling the thickness of the investing texture, if it be tightly drawn round the cylinder, it is quite otherwise if an air space is allowed to intervene between the two layers. With such an interspace, of only one-third of an inch, the radiation is dimin-

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ished (exclusive of the diminution due to the layers themselves) to the extent of some thirty-five per cent. This, however, is based on the assumption that the intervening column of air is motionless, but as loose garments tend to favor the circulation of the air, they are, notwithstanding this fact, preferred in hot climates. The essential point, indeed, is, that the greatest obstacle to the dissemination of heat is found in a discontinuity or want of homogeneity, in its elements. Heat, like sound, is but a form of molecular vibrations, and is governed by the same laws. Then, again, the permeability of the various textures to air, is a point of capital importance, and this varies from one in glazed kid to one hundred in flannel. It is essential that our garments should allow of such ventilation, but it is also necessary that this should not take place so rapidly as to affect the sensory elements of the skin, hence the more slowly it takes place, the more conducive is it to our health and comfort.

Another important property of textile fabrics is their capacity of absorbing and retaining moisture; the nearer the air is to its saturation point, the more moisture do they absorb, owing to diminished evaporation. This is accentuated when the temperature, from any cause, falls. The water contained in textures may be divided into two categories, one part not appreciable to the touch and which cannot be squeezed out; the hygrometric water, properly so called; and a second part which blocks the pores, and which may be expelled by compression, the interposed water. According to the experiments of Mr. Coulvier, wool is more hygroscopic than hemp, and linen than cotton. The quantity of water that these textures can absorb is much greater than is generally supposed. A woolen garment weighing ten to twelve pounds will take up about a quart of water, to evaporate which, completely, will withdraw from the body from 500 to 600 units of heat. More moisture is absorbed at a low temperature than when it approaches 70° Fahr., further, since wet garments are better conductors of heat than dry ones, they protect us far less efficiently against the cold, hence the danger to health of damp and cold combined. This effect, however, is less marked in the case of woolen textures than in those of cotton, silk, and wool, and this is probably owing to the fact that, while the fibres of the latter all become softened on contact with water, and so allow the pores of the tissue to become blocked, the fibres of wool, in virtue of their native elasticity, tend to keep the pores open, and so favor evaporation, while the air contained in the pores checks, to some extent, undue radiation.

It has been remarked that vegetable fibre is less suited to purposes of clothing than substances which are of their very nature destined for this purpose. Take the fibres of flax or hemp for example; they form an integral part of the plant, and are not called upon to possess any isolating or protective properties against cold. Now as to cotton, this indeed serves to envelop the seed of a plant, and is, therefore, to some extent protective; but silk, wool, eider down, and fur are, *par excellence*, the materials furnished by nature for the express purpose of protection.

As to the shapes of our garments, they are now probably definitive in all essential particulars. Ladies' dress doubtless calls for reform, reasons of taste and æsthetics dominating too largely in their choice, both of texture and of shape. One is apt to call to mind the profound and amusing speculations of Darwin, on contemplating the rich plumage and often cumbersome ornamentations by means of which animals are enabled to place themselves in evidence, and so unconsciously aid in the designs of nature in the matters of natural selection.

TEREBENE.

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S., LONDON.

THIS substance has lately been employed by Dr. William Murrell, of London, in the treatment of winter cough, and he published a series of one hundred and fourteen cases, in which great benefit had been derived from its use. Expectoration is facilitated, and the shortness of breath is relieved. It is a colorless fluid, with a faint terebinthinate odor, which is by no means disagreeable. The remedy may be inhaled as a vapor with the ordinary "respirator," or it may be atomized by means of one of the pulverizateurs, several forms of which are in use, and the fine spray so produced inspired by the patient. For internal administration by the mouth, it may be given as an emulsion with gum tragacanth. Another, and possibly a preferable manner, is to give it dropped on

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a lump of sugar, and this method has the advantage of being small in bulk and easily carried about by the patient, so as to allow of its being repeated as often as may be thought advisable. It is best to begin with five or six drops on sugar, every four hours, and gradually to increase this dose to twenty minims. This is, for most people, the maximum quantity, but the drug, Dr. Murrell says, has little or no toxic action, and considerably larger doses have been taken without the production of any untoward symptoms.

Chemically, terebene, C_{10} H_{16}, is derived from oil of turpentine, either by the action of one part of concentrated sulphuric acid on twenty of the oil, and subsequent distillation, or by one of the other processes known to chemists. When terebene is submitted to the action of dry hydrochloric acid gas, a white crystalline mass results, the hydrochlorate of terebene, commonly known as turpentine camphor, or terpine, which resembles ordinary camphor, and has also been employed in the treatment of the same class of complaints as terebene.

Some difficulty was experienced in obtaining an adequate supply of the pure drug when first brought forward, and attempts were made to pass off one or more patent preparations on the public as the only pure terebene, but it is to be hoped without much success.

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Necrosis of Tibia; Sponge Grafting.—Michael B—, æt. 24, laborer, was thrown from a horse six years ago, falling on his hands and striking his knee against a sharp stone, causing a bruise with pain. This was followed by swelling of the leg, extending from a little above the knee to half way down the leg. He was told that he had a dislocation of the patella, and was treated for this during six months, when the swelling went away and he felt all right except for a sharp, throbbing pain which he had at intervals. Twelve months ago he had a swelling, with great pain, over the site of his present sore, into which an incision was made, giving exit to a quantity of pus. As he did not get any better, he was advised to come to London. When admitted, on September 4th, a sinus was found 1¼ inches deep and ½ inch in diameter, on the inner side of the tibia, below the level of the tuberosity. The walls of the sinus were covered with granulations. No disease of bone detected. Some thickening of the tibia on the inner aspect. Good personal and family history. Drainage tube was inserted, and the wound dressed with iodoform. On the 9th he complained of headache and pain in leg. A smaller drainage tube was substituted for the other. 12th—A piece of sponge, carefully prepared and desilicated, was cut to the exact size and inserted into the sinus. 16th—Patient is progressing favorably. There is slight pain over the inner tibial tuberosity and some discharge oozes through the sponge. October 9th—The pain on the inner side of the wound has been more severe and of a lancinating character the last two days, and there is pain at the back of the knee. No appearance of granulations in the sponge. 12th—Pain is less to-day; wound is dressed daily. 17th—A little discharge to-day just above the wound. No granulations have appeared in the sponge as yet. 20th—The wound continues to discharge a little, it is dressed daily with boracic lint. Patient has not complained so much of pain, for the last few days, except just above the wound. 24th—Pain less than last week. No appearance of granulations in sponge. November 3d—No granulations in sponge. Patient discharged, to attend twice a week.

Epithelioma of Tongue; Removal; Septic Pneumonia; Death.—Fred. P—, æt. 49, fishmonger, applied, on July 15th, with a hard nodulated mass on the left side of the tongue, which appeared to be bound down. The glands in the sub-maxillary region are enlarged. Patient suffers great pain from the passage of food, and had much difficulty in getting it past that part of the tongue. The quantity of saliva secreted is greater than usual. He had gonorrhœa, when young, but not badly. This was accompanied by enlarged glands, which did not suppurate. Has never had any sores on the penis or rash. Three months ago he noticed that his tongue was rather sore, and that he could only extrude it with difficulty. This increased, and as it did not subside, under treatment, he came to the hospital. On July 20th, Mr. Bloxam decided to operate. He began by tying the lingual artery on the affected

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side, and then removed the diseased half of the tongue by cutting through the median line with scissors and crushing through the base with the écraseur. There was not much hemorrhage. The sub-maxillary gland was removed at the same time. Patient had a disturbed night, notwithstanding ℥xxx of tinct. opii. 22d—Patient was fed with an œsophageal tube, owing to the difficulty he had in swallowing food. His throat was mopped out every hour with a sponge. Later in the day the breathing became embarrassed with a troublesome cough. Slight elevation of temperature. 23d—Patient seemed a little brighter in the morning. He was unable to take food in the usual way. He was ordered an enema, which cleared out the bowels, to be followed by an nutrient enemata every four hours, with four ounces of Port-wine. Marked dulness at base of right lung. 24th—Patient is much weaker. Dulness at base of lung increased. Respiration 38. Pulse 128. He sank and died at 1.46 A.M.

Case of Chronic Strumous Disease of the Knee-joint; Amputation; Recovery.—William T—, æt. 16, errand boy, was admitted on January 7th for disease of the right knee, which was much swollen, and discharged pus from the site of an old incision on the inner side of the joint. Patient was in the hospital a year ago for the same cause, when a large quantity of pus was evacuated by means of free incisions on the inner and outer side of the joint. He apparently recovered, after a stay of some months in the hospital, and resumed his occupation of errand boy for some time without any untoward result. Early in the present month he noticed a swelling on the inner side of the joint, where one of the incisions had been previously made. Patient's general health is poor and he is thin and pale, but there is no evidence of phthisis. His father died of "bronchitis," but the rest of the family are alive and well. There is no albumen in the urine, but he sweats a good deal at night. Patient was put on a liberal diet and tonics, and the limb was put on a McIntyre's splint. He passes restless nights and complains of a good deal of pain. His evening temperature averages 103.2° Fahr.

As several fresh openings formed, and the joint appeared thoroughly disorganized, on February 24th Mr. Bloxam removed the leg above the knee (patient being under ether) by a combination of the flap and circular methods. Both the flaps were taken from the skin and the bone and muscles divided circularly about a hand's-breadth above the knee. After division there was great retraction of the soft parts about the bone, and the periosteum was accordingly reflected and another inch of the bone removed. The vessels being ligatured, the flaps were stitched together and the wound dressed antiseptically. On examination of the limb it was found that the seat of the disease was in the synovial membrane, which was greatly thickened and infiltrated with pus. The bony surfaces were comparatively healthy. 25th—Patient was unable to pass his urine, and five or six ounces were drawn off by means of a catheter. Temperature 100° Fahr. March 4th—Stump looks well, but owing to retraction of soft parts, the bone is pressing against the anterior flap and some of the sutures have parted. The flaps were brought together with isinglass plaster and the wound dressed. The boy's general condition is much improved. He has gained in weight, and his temperature is normal. The stump was completely healed by April 12th, and on the 20th patient was able to leave the hospital.

Case of Coccydynia; Operation.—Emma C—, æt. 21, domestic, fell down stairs about fourteen months ago, but says she felt no inconvenience for two or three months, when she noticed a hard lump forming in the coccygeal region, which rendered her unable to sit down. Patient had an abscess in the right gluteal region, about a year since, but it soon healed up. On examination *per rectum*, the coccyx seemed rather thrust forward, movable and very painful, but the last was the only really noticeable symptom. Patient says she has pain sometimes on passing; a motion of a throbbing and shooting character. She was ordered glycerine and belladonna, to be rubbed over the painful site twice a day, and this afforded her a good deal of relief for a time. As the pain did not, however, disappear, she was put under ether, on February 1st, and the structures around the coccyx were divided by Mr. Bloxam.

The patient felt weak after the operation, but as soon as the effect had passed off, she said she felt much better. The old throbbing pain had gone, and there only remained a little pain at the seat of the operation. The incision was dressed the following day and touched with nitrate of silver. 23d—A small fissure was discovered at the orifice of the anus, which was

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touched with nitrate of silver. March 3d—Pain almost gone; patient was discharged to a convalescent home.

Suppuration in Antrum from Carious Teeth.—Amelia B—, æt. 22, dressmaker, complained of a swelling over the right superior maxillary bone. It does not infringe on the orbit or nose. Patient appears to have had a small abscess in the same situation when fourteen years of age, which left some induration after it. This remained stationary until about six months ago, when it began to increase in size. The present swelling is smaller than it was some time since, when, as she says, it seemed to push the eyeball back. On looking into the mouth, the two upper bicuspids on the right side were found to be much decayed. Patient says she has never had any discharge into the mouth or nose, but last Sunday, for the first time, a little blood welled up into the inner canthus of the right eye. The following day Mr. Bloxam examined the patient, under chloroform, and found that the tumor was connected with the antrum. The carious teeth were removed and about an ounce of watery pus drained away. The antrum was washed out by injecting a weak solution of permanganate of potash, and this was continued for a day or two. The swelling disappeared, and patient left the hospital, cured, on the eighth day after admission.

Bulbous Nerve Ends in Old Stump of Leg.—Alice D—, æt. 23, seamstress, was sent to the hospital to be treated for a painful stump, left after removal of the leg sixteen months ago on account of gangrene following a wound of the big toe. It is a very good stump, a little red at the margin of the cicatrix but no sinuses are present. There are two painful spots on the anterior flap. Mr. Whitehead dissected down on the anterior seat of pain under antiseptic precautions, and cut away a piece of tissue which comprised a nerve bulb of some size. The edges of the incision were brought together by strapping, and dressed with red lotion. Patient says she has no longer any pain in the stump, but complains of pain in her right leg. The wound suppurated a little but eventually healed up and patient left the hospital relieved.

Perimetritis followed by Suppuration.—Rose C—, æt. 18, buttonmaker, admitted April 5th. Patient says that as a child she was subject to attacks of pain in the side and spasms. Last July the pain became more marked and persistent and a lump formed in the groin, which was poulticed and suppurated. It closed after a time but had to be reopened. Patient menstruates regularly, but has suffered for years from dysmenorrhœa, with pain of a bearing-down character. She has noticed that when the discharge from the wound ceases, she gets leucorrhœa. She has no pain on moving the hip, nor on tapping the foot, and walking is not much interfered with. Patient is pale and delicate looking. There is no pain in the back or other indication of any affection of the vertebræ. She starts a good deal during sleep and perspires abundantly at night. On examining the wound in the groin, a sinus was found at about the middle of Poupart's ligament which may be traced for a considerable distance backwards. Temperature 103° Fahr. Pulse 130. April 11th—Patient was examined by Dr. Black, who found traces of perimetritis with adhesion of uterus and left ovary. 26th—Patient seems better, the depth of the wound is decreasing and the discharge is slight. She still complains of a burning pain in left groin. 29th—On probing wound with a portion of catheter a considerable quantity of grumous pus escaped. May 2d—Patient complains of much pain, extending to the iliac region, which prevents her sleeping. A piece of drainage tube, five inches long, with thread, which was placed in the wound, unaccountably disappeared, and is supposed to be in the wound. 8th—The drainage tube has been left out of the wound for three days and it has healed over. There are, however, indications of accumulation of pus, and patient says she has a great deal of pain on micturition and defecation. The temperature oscillates between 98°–102° Fahr. The tongue is coated and the skin is dry. She has not menstruated since admission (a month), though previously she did so every two or three weeks. On probing the wound a large quantity of greenish pus escaped. 11th—Patient was placed under chloroform and digital exploration was made of the wound. The sinus could be traced in an upward direction towards spinal column, and a large quantity of pus was evacuated. No abnormal growth was discovered, nor was the missing tube found. A large size drainage tube was inserted and poultices constantly applied. 19th—The discharge is free, but patient says she is comparatively free from pain and on the

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whole much better. She is on a liberal diet, with five ounces of wine daily. 26th—The abdomen, on the left side, feels tense and somewhat hard and is painful on pressure. August 1st—The patient's condition has remained about the same. She has been allowed to get up for a few hours daily, and takes her food pretty well. September—Patient has gained in flesh and is much better; very little pain or discharge now. She was discharged to a convalescent home in October.

Urinary Fistula and Cellulitis of Scrotum.—Henry B—, æt. 48, domestic, was admitted in November, 1879, under Mr. Barwell, for stricture of the urethra, and was treated by rapid dilatation, leaving the hospital, much relieved, three months later. He had a chancre twenty years ago, and gonorrhœa since. He then went abroad, where he was again troubled by retention of urine. In October, 1880, he first noticed a hard swelling in the perineum, which he described as very painful. It rapidly increased in size, and in December of the same year he applied at a hospital for relief. He was given an ointment, but it did not get any better, and on January 7, 1881, he was admitted as an in-patient. He was then told that it was an abscess, and was ordered warm hip baths and poultices. On the fifth day after admission it burst, and there resulted two patulous openings which could not be induced to heal. The two were converted into one with the knife, in the hope of getting them to close. Eleven days ago his scrotum began to swell, and, being very painful, he was sent over to London to be treated. When admitted, on March 19th, the whole scrotum was enormously swollen, tense, and œdematous. The edges of the wound were indurated and everted. There was no distention of the bladder nor swelling of the parts beyond the abdominal rings. Temperature high, pulse rapid, tongue glazed. The parts were punctured with a needle, and ordered to be poulticed. 23d—Scrotum is much diminished in size, and his general condition is much improved. Fluctuation could be plainly felt in the front of the scrotum, and on making an incision a large escape of blood and pus took place. He was put on tonics, and ordered charcoal poultices. Temperature, 101° Fahr. 25th—The scrotum is decreasing in size, but a good deal of pus and blood continue to drain away. 30th—Patient complains that the urine trickles out through the incision in the scrotum. A further incision on the left side of the scrotum did not give exit to any pus. May 7th—Mr. Grindon succeeded in passing a No. 5 elastic catheter to-day. 14th—The edges of the fistula are less indurated, but there is more œdema of the scrotum. A No. 3 silver catheter was passed to-day. 19th—A longitudinal incision was made over the anterior part of the scrotum, which was frozen by the ether spray, a small quantity of pus exuded, and a poultice was applied. 26th—No. 4 silver catheter passed to-day. 27th—The patient had a rigor to-day on a No. 4 catheter being passed. Another abscess is forming on the under aspect of the scrotum, on the left side, which was incised on June 2d. Very little urine escapes by the fistula. Several other abscesses formed in different places on the left side of the scrotum. 18th—Mr. Bloxam succeeded in passing a No. 6 silver catheter to day. July 23d—To-day a No. 8 silver catheter was introduced. There is still a good deal of discharge from fistula, but the patient's general health has greatly improved. August 6th—No. 9 silver catheter was passed to-day, followed by a gum elastic instrument to be left in for two hours. September 6th—Patient passes about thirteen ounces of urine, without any escaping by the fistula, which is disposed to close. The strictures are still very tight. October 6th—To-day, internal urethrotomy was performed. 10th—Patient has no pain, and can pass his water freely, none escaping by the fistula. 18th—Patient is unable to retain his urine well, but this improved under iron and strychnia. There is still some discharge of pus, mixed with blood, from the scrotum, and a little urine comes away occasionally through the opening in the scrotum. November 2d—Patient complains of pain on defecation, No. 22 bougie passed easily, but No. 24 was firmly gripped. 18th—A little pus still discharges from the sinus, which runs up for some two and a half inches towards the urethra. No. 24 bougie passed without much difficulty. 21st—A little nitrate of silver was introduced into the sinus on a probe. December 7th—A little urine comes through the fistula when the patient passes his water in bed, but a great deal comes through when he micturates standing. He left the hospital on the 15th much improved in health, but with the sinus unclosed.

Pelvic Abscess.—Alice W—, æt. 22, governess, was admitted on January 12th. There

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was a history of her having had pleurisy five years ago. A swelling appeared in the left groin directly after, which ultimately burst, with a free discharge of pus lasting some weeks and then ceasing. Two years later, however, it reappeared again for a month. In April last the discharge appeared once more, and has continued off and on ever since. Appetite is bad, and the pains in the pelvis interfere with sleep. The bowels are confined, catamenia regular. On examination a fistulous opening, with everted edges, was found one inch below the anterior superior iliac spine, on the left side, which appears to be discharging freely. A tent was placed in the wound. 15th—On removal of the tent to-day, a quantity of putrid pus escaped; the wound was syringed with carbolic lotion. 25th—Mr. Bloxam explored the sinus to-day, and made an incision between the last rib and the crest of the ilium, and passed a drainage tube through this incision and out of the wound in the groin. No albumen in urine. Temperature rose to 103.2° Fahr. this morning. 30th—Temperature, 97.4° Fahr.; not much pain, free discharge from the incision, patient sleeps well. Poultices are being applied February 27th. Temperature keeps down, and patient's general health is improved. Drainage tube has been removed. March 13th —Poultices were ordered to be discontinued, as the wound seems to be healing up satisfactorily, and there is very little discharge. 15th —Wounds are now completely healed, and patient was allowed to get up, and was discharged a few days later (March 21st).

April 4th—Patient was readmitted to-day. Cicatrix in lumbar region having reopened, and is discharging slightly. The probe was introduced, but only passed a short distance. 21st—The wound has quite healed, and all discharge has ceased, but patient complains of feeling sick, with pain over the region of the cæcum. Temperature 102° Fahr. As bowels have not acted, she was ordered ℥iss of castor oil, with ♏xv of tincture opii. 23d—The sickness has continued, as also the pain. Temperature 102° Fahr. The old incision was opened up afresh, and about an ounce of pus escaped, with great relief to the patient. Poultices ordered. 27th—Wound has again healed. Patient was discharged, and was ordered to take quinine mixture and cod-liver oil.

Case of Syphilitic Sarcocele.—George L—, æt. 24, sailor, was admitted on October 18th, with both testicles symmetrically enlarged, the epididymis and cord, however, not sharing in the enlargement. He had two ulcers on the inner side of the left leg, and one on the outer side of the right thigh. They are circular in shape, with a raw-beef colored induration surrounding an elevated seat. He had a chancre with the usual sequelæ some years ago.

Patient states that nine months ago he noticed a swelling of the right testicle, followed six weeks later by a similar increase of size of the left testicle. This slowly increased until six months ago, when they attained the size of an average melon. As he experienced no pain and but little inconvenience, he followed no treatment. They then became somewhat less swollen, and latterly have remained stationary. He was put on fifteen grain doses of iodide of potassium, with half drachm doses of liquor hydrarg. perchlor., in an ounce of decoction cinchonæ, three times a day, together with two and a half grains of blue pill, and one-quarter grain of pulverized opii at bedtime.

The pill was subsequently discontinued, and a drachm of mercury ointment was ordered to be rubbed into the scrotum every night. 23d —The testicles are reduced to about half their former size. Patient complains of pain in the left side. 24th—The left testicle is smaller and harder than the right. Patient's gums are beginning to get sore, so the liquor hydrarg. was discontinued. 26th—He is now fully under the influence of mercury, and the inunction was temporarily suspended. The testicles are very much smaller, and on the 27th patient was discharged to attend as an out-patient.

Cystic Disease of the Left Breast.—Annie I—, æt. 29, stationer. Patient first noticed a swelling in her left breast about seven years ago. She had diphtheria about six months before the swelling was first remarked. Since that time it has increased somewhat in size. She went to St. Thomas's Hospital two years ago to have it removed, but they refused to operate. There was nothing of interest in the family history. Patient is well-nourished, and of very dark complexion. She says she has been losing flesh the last few months, and suffers a good deal from indigestion. On inspection a slight bulging of the left breast was seen just over the third rib. On palpation a hard mass can be felt at the upper and outer part of the gland; irregular in shape, nodulated, very hard. It is freely movable on the subjacent tissues, and the

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skin is uninvolved. There is no pain nor tenderness, no fluctuation nor pulsation, nor is there any impulse on coughing. There is no dimpling nor retraction of the nipple. The glands in the axilla are not affected. Two days after admission (January 11th) the patient was under the influence of ether, and Mr. Bloxam made an oblique incision, under antiseptic precautions, about three inches long, along the axillary border of the left mammary gland. From this wound a mass of tissue was removed, about the size of a pigeon's egg. On section, this was found to consist of dense fibrous tissue scattered about, in which were a number of cysts, containing a dark-brown viscid fluid, which was not at all offensive. The wound was then closed by means of horse-hair sutures, and a drainage-tube inserted. Temperature some hours after the operation 99.2° Fahr., pulse 78.. The wound was dressed on the 14th, when it looked healthy, with very little discharge. Temperature 101° Fahr. Patient feels comfortable, and there is no pain. 23d—Sutures were removed to day; everything is proceeding satisfactorily. Patient left cured on the 25th.

Inflamed Inguinal Glands, consequent on Irritation from External Hemorrhoids.—Ellen N—, cook, was admitted on December 11th, complaining of swelling and pain in right inguinal region. She says she has been suffering from piles for two years, and has now some inflamed, external piles. Three or four days ago she had to lift a heavy pan off the fire and the glands began to swell two or three hours later. The next day the enlarged glands became painful and hot, and continued to increase in size, until her admission to the hospital.

She had an ulcerated throat three months ago, and this has recurred since. Patient is anæmic looking, but says her general health is good, and menstruation is regular.

She was kept in bed, and her bowels opened by means of laxatives. The swelling at once began to decrease, and the pain disappeared. Her temperature was never above normal. She left cured on the 19th. The case is peculiar, because the patient notices that when the piles become inflamed she has lumps in her groin, generally on the right side near the body of the pubes, but they had never been as large nor as painful as on the present occasion.

Case of Acute Periostitis of Lower End of Femur, with Effusion into the Knee-joint.—Elizabeth B—, æt. 15, was admitted on October 4th. Ten days ago the patient, who lives with her aunt, was stooping to pick up something from beneath the bed, when she suddenly felt a sharp pain in the knee. She is stated never to have been ill before. Her temperature, on admission, was 102.2 Fahr., and the knee-joint was hot and a trifle swollen. Ice-bags were applied. 5th—Morning temperature 103° Fahr., evening temperature 101° Fahr. Patient passed a bad night, and has no appetite. Tongue furred, and bowels confined. She was ordered to take infus. sennæ comp. ʒiss. 7th—The knee is about the same. Her temperature in the afternoon was 103.2° Fahr. 8th—Patient passed a restless night, temperature 103.3° Fahr. The joint is more swollen and somewhat easier. 11th—Patient passed a better night, temperature 101.2° Fahr. She complains of pain in the right groin. The tongue is cleaner. The swelling seems somewhat less. 17th—Patient's condition remains about the same. She has required sleeping draughts on two or three occasions. The swelling of the knee is less, but the lower part of the thigh is very tender to the touch. The temperature has returned to normal. 25th—There is a good deal of thickening around the lower part of the thigh, but not much pain. The synovitis of knee has practically disappeared. Poultices and fomentations were constantly applied. No fluctuation could be detected. No further elevation of temperature took place, and the thickening gradually diminished. Patient was discharged, as an in-patient, on November 14th.

Case of Paraplegia of doubtful Origin.—Alice D—, æt. 20, domestic, was admitted on October 9th. She is suffering from loss of power in both legs, below the knee; she can both flex and extend the knee, but is unable to walk. Patient complains of pain over the internal malleoli of both legs, also just above the patellæ—this is worse in damp weather, and is increased by pressure. The right leg is slightly flexed on the thigh. She says she has pain occasionally of a shooting character in the epigastric region, usually in the morning after taking food. Patient is very stout, and this seems more marked about the legs. Both hands are weak and tremulous, the left being the worse. The catamenia is regular, and there is nothing abnormal in the heart or lungs.

Patient says she enjoyed the best of health

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until she was sixteen years of age, when she gradually began to feel weak, and apt to fall down, and she had to give up her situation in consequence. The following week she had some sort of fit, on recovering from which she found herself unable to use either leg, from the hip downwards. Both arms, as high as the shoulders, were likewise affected, the muscles were relaxed, with the exception of the flexors of the left forearm, so that the fingers of the left arm were pressing into the palm. She was then an in-patient at the Lambeth Infirmary, and the battery was used at intervals. Formerly she had the same pain about the shoulders, elbows, and wrists as she now has in the legs. For some time after the "fit" she was unable to retain her urine, which dribbled away, and this continued for some months, but she gradually improved, and in six months she had recovered the power. There was also general anæsthesia of both the arms and legs when first affected, but under the use of the battery the sensation first returned, followed later on by the power of movement in the arms and in the legs as far as the knees. Eighteen months after her first attack she was able to sit up and use her arms a little. Strength gradually became restored to the arms, but even now they are far from the normal standard. Her father died of heart disease, and her mother of dropsy and bronchitis. Brothers and sisters are healthy, with the exception of one brother who is consumptive. Patient was ordered to walk a little, with assistance, every day. She complains of great fatigue after walking a few steps. Galvanism was prescribed, one pole being applied to the lumbar region. 20th—Patient is now able to walk across the ward, leaning on one person's arm only. November 10th—Patient can now stand up and do a step or two quite alone. 27th—Yesterday patient fell while taking a little promenade, and afterwards complained of great pain in the left leg, which gave way and caused the accident. She seems to have lost all power in the legs once more, and can neither stand nor walk. The same treatment was continued. December 7th—Patient has begun to pick up again and can now walk a little. 20th—The improvement has continued and she can walk a little with the help of a nurse. Patient was discharged, on January 4th, very much improved in health, and able to walk with the help of sticks.

Case of Tubercular Ulceration of Tongue.—Elizabeth H—, æt. 25, married, was admitted April 19th. Patient has one child, three years old, and three weeks ago she was prematurely confined of another at seven months. Patient is a pale, cachectic-looking woman. At the edges, and under surface of the tongue she has several shallow, sloughy-looking ulcers. The tongue itself is enlarged, red, and the epithelium is absent in patches. The right side of the tongue, towards the centre, is elevated and indurated. Several glands in the neck, and groin, and around the elbows are enlarged. Patient says the ulceration commenced some six months ago as a round nodule, situated on the tip of the tongue, after a time this opened in the centre and then spread. No active treatment was adopted at this time on account of her being pregnant. A lotion of seven grains of bi-cyanide of mercury to half an ounce of water was ordered to be applied to the ulcerated surface every morning. Patient complains that this gives her great pain, so it was ordered to be used every other morning, and she was put on a mixture containing 15-grain doses of iodide of potassium with ʒiij of tincture of bark, to be taken three times a day, together with 5 grains of quinine, in a powder, to be taken every day at noon. May 8th—The patient has decided signs of phthisis, and the conclusion was arrived at that the ulceration was tubercular. The above treatment was, therefore, abandoned. Temperature last night 102.6° Fahr., this morning 99° Fahr. The glands of the neck are smaller and the tongue is less swollen. Glycerine of borax was substituted for the bi-cyanide of mercury, as an application for the tongue. 23d—The condition of the tongue remains about the same. The patient's temperature oscillates a good deal, and she has had a sharp attack of diarrhœa. She was put on cod-liver oil and syrup of the iodide of iron. She sweats profusely at night, and the tuberculosis seems to be making strides. There is not much expectoration. 26th—The diarrhœa still continues, and patient was ordered the mistura, acid. sulph. dil. Her temperature varies from 98° Fahr. in the morning to 103.6° Fahr. at night. June 2d—The ulceration is no worse. Patient was ordered the brandy and egg mixture twice a day, with Kepler's extract of malt and cod-liver oil twice a day. 5th—The diarrhœa has now ceased, but the patient complains of a good deal of pain in her tongue and of sore

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throat. 22d—The diarrhœa has returned in a severe form, and she was given a mixture containing bismuth and tincture of krameria. Several carious teeth were removed to-day by Mr. Fairbank. The tongue appears to be improving. Patient was discharged on July 13th, without any decided improvement in her condition.

THERAPEUTIC NOTES.

ALBUMINURIA OF PREGNANCY.

Dr. L. N. Davis (Indiana Medical Journal) recommends—

℞. Hydrarg. bichlor. . . gr. j.
Tinct. ferri chlor. . . . ℥ss.
Spts. ætheris nitrosi . . ℥iss.
Aqua . . . . . ℥vj.

M. Sig.—One teaspoonful in water three times a day.

SCARLET FEVER.

Dr. A. A. Walker (New England Medical Monthly) recommends—

℞. Tinct. veratri viridi . . ♏iij.
Potassii iodidi . . . gr. lxiv.
Syr. scillæ . . . ℥ij.
Syr. simp. . . . ℥ij.

M. Sig.—One teaspoonful every two hours.

Dr. Walker also directs a gargle of honey, salt, and vinegar to be used three or four times daily.

CARDIAC DILATATION.

Professor Da Costa often prescribes—

℞. Tinct. digitalis . . . ℥ss.
Tinct. ignatia . . . . ℥ss.
Tinct. cinchonæ comp. . . ℥v.

M. Sig.—One teaspoonful three times daily.

WHOOPING-COUGH.

Dr. R. P. Collin (Medical Press of Western New York) strongly recommends—

℞. Tinct. belladonnæ . . ♏xl.
Tinct. cannabis ind. . . ℥ss.
Ext. quebracho,. . . . f℥j.
Syr. tolu . . . . ℥vj.

M. Sig.—One teaspoonful every four hours.

CHRONIC ECZEMA.

℞. Hydrarg. oxidi rubri . . gr. xx.
Acidi carbolici . . . gr. xv.
Plumbi carb. . . . ℥iij.
Ung. zinci oxidi benz. . ℥ij.

M. Ft. Ung.
Sig.—Apply night and morning.

MUSCULAR RHEUMATISM.

Professor Da Costa frequently prescribes—

℞. Sodii salicylatis . . ℥ss.
Spts. lavandulæ comp. . ℥ss.
Pulv. acacia . . . gr. xxx.
Elix. auranti . . . ℥iss.
Aqua menth. pip. q. s. ad ℥vj.

M. Sig.—Dessertspoonful every two hours.

FLATULENT DYSPEPSIA.

Professor Parvin frequently prescribes—

℞. Aloini . . . . gr. j.
Resinæ podophyllii . . gr. iss.
Ext. nucis vomicæ . . gr. iij.
Ext. belladonnæ . . gr. j.

M. Ft. pilulæ No. xii.
Sig.—One pill after meals.

VOMITING OF PREGNANCY.

Dr. L. D. Worthington (New England Medical Monthly) has obtained excellent results in this distressing accompaniment of pregnancy from—

℞. Potassii bromidi . . . ℥iij.
Tinct. colombo . . . ℥ij.
Aqua . . . . . ℥ij.

M. Sig.—One teaspoonful every three hours.

HÆMATINURIA.

Dr. Allen Baines (Canadian Practitioner) recommends—

℞. Ferri et quiniæ citratis . . ℥ij.
Strychnia sulph. . . . gr. j.
Tinct. calumbæ . . . ℥j.
Syr. limonis . . . . ℥j.
Aqua rosæ . . . . ℥vj.

M. Sig.—Two teaspoonfuls in water three times a day.

MASKED MALARIA.

Professor Da Costa frequently orders—

℞. Quiniæ sulph. . . . gr. xvj.
Acidi sulphurici dilut. . ♏xvj.
Syr. tolu . . . . f℥j.
Spts. ætheri nitrosi . . f℥j.
Aqua . . q. s. ad. f℥ij.

M. Sig.—One tablespoonful every two hours.

MALARIAL HÆMATURIA.

Dr. T. J. Draper (Weekly Medical Review) recommends—

℞. Tinct. nucis vomicæ . . ♏xxx.
Tinct. iodi . . . . ♏xxx.
Tinct. hyoscyami . . ℥j.
Ext. buchu, fl. . . . ℥j.
Sat. sol. sodii sulphatis . ℥ij.

M. Sig.—Teaspoonful every two hours.

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INFLUENZA.

℞. Atropia sulph. . . . gr. ½.
Quinia sulph. . . . ʒj.
Acidi hydrochlorici dilut. . ʒij.
Syr. yerba santa . . ʒiiss.
M. Sig.—One teaspoonful in water every four hours.

MALARIAL JAUNDICE.

Professor Bartholow recommends—

℞. Acidi arseniosi . . . gr. j.
Ferri sulphatis . . . gr. xx.
Manganesii sulphatis . . gr. xx.
Quinia sulphatis . . gr. xl.
M. Ft. pilulæ No. xl.
Sig.—Two pills three times a day.

Also—

℞. Hydrarg. chlor. mite . gr. iij.
Fel. bovini . . . gr. xx.
Resinæ podophylli . . gr. j.
M. Ft. pilulæ No. vi.
Sig.—One pill every night.

ENTERITIS.

Professor N. S. Davis recommends—

℞. Ol. gaultheria . . . ʒss.
Ol. terebinthinæ . . . ʒiij.
Tinct. opii . . . . ʒss.
Pulv. acacia . . . . ʒv.
Sacchara alba . . . ʒv.
Aqua . . . . . ʒiv.
M. Sig.—One teaspoonful every four hours.

DIPHTHERIA.

℞. Tinct. belladonnæ . . ʒss.
Tinct. iodi . . . . ʒiij.
Aqua menth. pip. . . ʒiiiss.
M. Sig.—One teaspoonful every four hours.

CHRONIC CONSTIPATION.

℞. Tinct. ignatia . . . ʒiss.
Tinct. hyoscyami . . . ʒss.
Ext. cascara . . . fʒij.
M. Sig.—One teaspoonful in water before meals.

NERVOUS DYSPEPSIA.

℞. Tinct. nucis vomicæ . . ʒj.
Tinct. hydrastis . . . ʒiss.
Ext. erythroxoli . . . fʒij.
M. Sig.—One teaspoonful in water after meals.

BILIARY CALCULI.

℞. Hydrarg bichlor . . . gr. ss.
Ammonii chloridi . . ʒss.
Ext. taraxaci . . . fʒiij.
M. Sig.—One teaspoonful in water four times a day.

GONORRHŒA.

Dr. W. C. Wile (New England Medical Monthly) frequently prescribes—

℞. Hydrastin . . . . ʒj.
Liq. morphia sulphatis . . ʒij.
Mucil. acacia . . . . ʒiv.
M. Sig.—Use as an injection four times daily after urinating.

GOUT.

℞. Tinct. aconiti rad. . . ♏xx.
Vini colchici rad. . . ʒiij.
Potassii bicarb. . . . ʒss.
Aqua . . . . . ʒiiiss.
M. Sig.—Dessertspoonful in water every three hours.

QUINSY.

℞. Morphia sulphatis . . gr. ss.
Tinct. aconiti rad. . . ʒss.
Pilocarpinæ hydrochlor. . gr. j.
Liq. potassii citratis . . ʒjv.
M. Sig.—Dessertspoonful every two hours.

CHLOROSIS.

℞. Tinct. belladonnæ . . . ʒss.
Potassii chloratis . . . ʒiij.
Aqua . . . . . ʒvj.
M. Sig.—Two teaspoonfuls in water after meals.

ASCARIDES VERMICULARIS.

℞. Strychnia sulphatis . . gr. ⅛.
Tinct. aloes . . . ʒiss.
Tinct. cinchonæ comp. . ʒij.
M. Sig.—One teaspoonful in water three times a day.

Also—

℞. Sodii chloridi . . . . ʒij.
Potassii chloratis . . . ʒij.
Aqua . . . . . Oj.
M. Sig.—Use as an enema every second or third night.

RHEUMATIC CHOREA.

Professor N. S. Davis recommends—

℞. Tinct. stramonii . . . ♏xv.
Tinct. cimicifugæ . . . ʒss.
Vini colchici rad. . . . ʒij.
Syr. zingiberi . . . ʒiiss.
M. Sig.—One teaspoonful four times a day.

HÆMOPTYSIS.

Professor Bartholow frequently prescribes—

℞. Tinct. digitalis . . . ʒij.
Vini ipecac . . . . ʒss.
Ext. ergotæ . . . . . fʒij.
M. Sig.—One teaspoonful every hour.

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GASTRALGIA.

℞. Tinct. stramonii . . . ʒss.
Tinct. hydrastis . . . ʒiv.
Aqua lauro-cerasi . . . ℥iiss.
M. Sig.—One teaspoonful in water every four hours.

EPILEPSY.

Professor Bartholow frequently prescribes—
℞. Sodii bromidi . . . . ʒvj.
Potassii bromidi . . . ʒvj.
Liq. potassii arsenitis . . ʒj.
Tinct. colombo . . . ℥iij.
Syr. zingiberi q. s. ad. . . ℥vj.
M. Sig.—Dessertspoonful after meals and at bedtime.

WARTS.

Dr. D. C. Platt (New England Medical Monthly) recommends—
℞. Argenti nitratis . . . ʒj.
Acidi nitro-muriatic . . . ℥j.
M. Sig.—Apply once a day.

TYPHOID FEVER.

Dr. J. A. Batte (Mississippi Valley Medical Monthly) has obtained excellent results from—
℞. Creasoti . . . . ♏xxiv.
Ol. terebinthinæ . . ʒvj.
Resorcin . . . . ʒvj.
Gum arabic . . . ʒvj.
Aqua . . . . . ℥vj.
M. Sig.—One teaspoonful every four hours.

PEDICULOSIS.

℞. Acidi carbolici . . . gr. xij.
Hydrarg chlor. mite . . gr. xx.
Adipis . . . . . ℥j.
M. Ft. ungt.
Sig.—Rub well into the affected surface.

GASTRIC CATARRH.

Professor Da Costa often orders—
℞. Argenti nitratis . . . gr. ij.
Ext. hyoscyami . . . gr. iij.
M. Ft. pilulæ No. xii.
Sig.—One pill three times a day.

SUBACUTE RHEUMATISM.

Dr. A. J. Conger (New England Medical Monthly) recommends—
℞. Potassii iodidi . . . ʒiiss.
Vini colchici seminis . . ℥j.
Ext. hyoscyami . . . fʒiv.
Tinct. cimicifugæ . . . ʒiss.
Syrupi . . . . . ℥v.
M. Sig.—One teaspoonful, well diluted, every four hours.

WINTER PRURITUS.

Dr. W. F. Corlett (Cleveland Medical Gazette) says, as this annoying affection is merely a local neurosis, internal medication avails but little except in severe cases where the paroxysms of itching occur several times during the day, when hydrobromic acid may be used with marked benefit. It is by local measures, however, that we are effectually able to control it.

At the outset of a paroxysm apply caustic potash in strength varying from x to xxx grains to the ounce of water, to which a drachm of glycerine may be added, after which the following ointment should be employed:—
℞. Menthol . . . . ʒss.
Acidi carbolici . . . ʒss.
Sodii benzoati . . . ʒij.
Ung. aqua rosa . . . ℥iij.
Cerae alba q. s. . . . Misce.

In mild cases, by omitting the caustic potash, the following lotion will be sufficient:—
℞. Menthol . . . . ʒj.
Alcoholis . . . . ℥ij.
Acidi carbolici . . . ʒss.
Sodii benzoati . . . ℥j.
Aqua rosa . . . . ℥vj.
M.

INTERTRIGO.

℞. Pulv. camphoræ . . . gr. v.
Bismuth subnit. . . . ʒij.
Plumbi carb. . . . ʒiij.
Ung. zinci oxidi benz. . . ℥ij.
M. Sig.—Apply externally.

CYSTITIS.

Professor Pancoast recommends—
℞. Morphia sulphatis . . gr. j.
Tinct. gelsemii . . . ʒss.
Potassii bicarb. . . . ʒij.
Aqua . . . . . ℥iij.
M. Sig.—Two teaspoonfuls, well diluted, every three hours.

PLEURISY.

℞. Tinct. opii deod. . . . ʒss.
Tinct. bryonia alba . . ʒss.
Vini ipecac . . . . ʒiss.
Syr. zingiberi . . . ℥iss.
M. Sig.—One teaspoonful every hour.

CHRONIC BRONCHITIS.

℞. Tinct. cubebæ . . . ℥ss.
Tinct. benzoini comp. . . ℥j.
Tinct. cinchonæ comp. . . ℥iss.
M. Sig.—One teaspoonful in water every four hours.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, April, 1886.

DR. AUSTIN FLINT, SR.

DR. AUSTIN FLINT, SR., one of our greatest and most universally esteemed physicians, died at his residence, in New York, on March 13th, from cerebral hemorrhage. Dr. Flint was in apparent good health until a few hours before his brilliant career was closed by death. He attended a meeting of the Faculty of Bellevue Hospital Medical College on Friday evening, March 12th, and after reaching home, retired to bed apparently as well as usual. Shortly before midnight, however, he complained of violent pain in the head, other symptoms pointing to cerebral hemorrhage developed in a few minutes, and he soon became unconscious. Dr. Austin Flint, Jr., and Dr. E. G. Janeway, who had been sent for, quickly arrived, but all their efforts to restore consciousness proved unavailing. Their illustrious patient gradually became weaker and weaker, and died at two o'clock on the following afternoon.

Dr. Flint was born in Petersham, Mass., on October 12, 1812, and was, consequently, in his seventy-fourth year at the time of his death. His father, grandfather, and great-grandfather were eminent physicians. Following in their footsteps he began his medical studies at an early age, and graduated from Harvard Medical School in 1833. After practising for a time in Boston and Northampton he removed to Buffalo, where he soon established a lucrative practice, and by his numerous contributions to medical literature laid the foundation for the professional eminence which he afterwards attained.

In 1844 he was appointed Professor of the Institutes and Practice of Medicine in Rush Medical College, Chicago; but he retained the position for only one year. He then returned to Buffalo and, in 1846, founded the Buffalo Medical and Surgical Journal. In 1847, in conjunction with Drs. James P. White and Frank H. Hamilton, he founded the Buffalo Medical College, and filled the Chair of Medicine in it until 1852, when he was appointed to the Chair of Theory and Practice of Medicine in the University of Louisville. In 1856 he returned to Buffalo and accepted the Chair of Pathology and Clinical Medicine in the Buffalo school. During the winters of 1858–61 Dr. Flint lectured on Clinical Medicine in the New Orleans School of Medicine.

In 1859 Dr. Flint removed to New York, and was appointed to the Chair of Pathology and Practice of Medicine in the Long Island College Hospital, which position he held until 1868. In 1861 he was appointed to the Chair of Medicine in Bellevue Hospital Medical College, and Visiting Physician to Bellevue Hospital. In 1872 he was elected President of the New York Academy of Medicine, in 1883–84 President of the American Medical Association, and in 1885 President of the Ninth International Medical Congress.

Dr. Flint's contributions to medical literature were numerous and valuable. Among the more noteworthy are: "Clinical Reports on Continued Fever," "Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis," "Physical Exploration of the Chest and the Diagnosis of Diseases Affecting the Respiratory Organs," "Practical Treatise on the Diagnosis, Pathology, and Treatment of Diseases of the Heart," "Clinical Medicine," "Phthisis," "Conservative Medicine and Kindred Topics," and a "Manual of Auscultation and Percussion."

His most important work, however, was his "Treatise on the Principles and Practice of Medicine," which has passed through five editions, and has been translated into several foreign languages.

The funeral services, which were held in Christ Church, on Tuesday, March 16th, were attended by hundreds of physicians from New York, Brooklyn, Jersey City, Philadelphia, and Boston, who came to pay their last tribute of respect and veneration to this eminent American physician.

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THE TREATMENT OF SPRAINS.

THE proper treatment of sprains varies with the severity of the injury. In mild cases a cure can frequently be obtained in a day or two, by immersing the affected limb in cold water for a few minutes, and then applying an ordinary roller bandage, and keeping the limb elevated and at rest until the pain and swelling subside. In some cases better results can be obtained by placing the injured part in hot water instead of cold, and then applying the bandage. In other cases, more benefit will result from the alternate applications of hot and cold water. Lotions of lead-water and laudanum, or vinegar and water will also be found serviceable at times.

In severe cases the bowels should be freely opened by saline cathartics, and the pain and constitutional excitement controlled by the administration of morphia and aconite, or morphia and gelsemium. Locally, the greatest benefit can be obtained in these cases from the use of cold applications during the first twenty-four hours. The limb should be elevated, and icebags or cold compresses placed on the affected surface. Evaporating lotions also may be employed with advantage.

At the expiration of twenty-four hours light massage should be resorted to, in order to hasten the removal of the effused fluids. The manipulations should be conducted with extreme gentleness, and should not extend over a period of more than five minutes at first. After massage has been employed for two or three days the limb should be placed in a plaster bandage and the patient permitted to walk with the aid of a cane. In some cases the plaster bandage may be applied on the second day with the certainty of a speedy cure.

SOMEBODY LED ASTRAY.

A FEW weeks ago, Dr. David W. Yandell lifted up his voice in the American Practitioner and News and wept for the American Medical Association. The Association had been "led astray" at New Orleans, he mournfully declared, and it would "be led astray again and yet again," for it had hardened its heart and would not listen to Dr. Yandell. Now we are willing to accept Dr. Yandell's protestations of anxiety for the future of the Association as being sincere, but they are based upon a delusion. It was not the Association, but it was Dr. Yandell that was led astray. When and by whom he was led astray may be ascertained by reference to the entertaining communication which we publish this month, under the title of "An Episode of the Revolt against the Association."

There are others, however, who do not agree with us, and who regard Dr. Yandell's protestations with suspicion. The following letter, from the Journal of the American Medical Association, is written by one who has a personal knowledge of the facts of which he writes, and who evidently entertains a deep distrust of Dr. Yandell, even when his voice is lifted up in lamentation:—

TO THE EDITOR OF THE JOURNAL:

Dear Sir: My attention has been called to an editorial in the American Practitioner of February 20th, reproduced in the Medical News of the 20th ult. I take it for granted it was written by the senior editor, Dr. D. W. Yandell. To all those familiar with the doings of the American Medical Association this editorial will sound strangely. To quote: "It (the American Medical Association) was led astray at New Orleans (Why was not Dr. D. W. Yandell, ex-president of the association, there to keep it from being led astray?). It will doubtless be led astray again, and yet again, for designing, ambitious, selfish, and industrious plotters will gather at every meeting, and opportunities for their *securing power* (italics ours) will occasionally occur." Dr. D. W. Yandell made his first appearance as a delegate from Kentucky in 1856, then in 1857 and 1859. His name does not appear again (nor his State) till 1871, when in San Francisco he was elected president. Neither his State, nor he, had any claims to the honor. It was, so report said, due to designing, ambitious, selfish, and industrious plotting that the presidency was awarded him. Since that time the senior editor of the American Practitioner, and ex-president of the American Medical Association, has attended only four meetings, and since 1874 none at all. With the exception of his address as president, no other contributions appear from his pen to the association. In Dr. Yandell's Address (see page 103, vol. xxiii., Transactions American Medical Association) he says: "The association is making our profession one in heart throughout our borders." How does this comport with his ideas of 1886? He who runs can read.

Does such a career entitle the ex-president to

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read a lecture to the association as to how it shall conduct itself? The least modicum of modesty should have taught him to *keep his say* to himself. Moses did very well when he was among the people; but when he climbed the mountain to "see the promised land" his influence was gone. We fear the senior editor of the American Practitioner was elevated too early for his years. An ex-president of the Association should have some influence, and it should be in the body which has made him distinguished. With many others who have known him for years we sincerely regret the position he has taken. In the welfare and interest of the association we hope to see Dr. Yandell at St. Louis in May next, and if his Kentucky eloquence can convince the American Medical Association that they have gone astray, we will cordially admit it. We are sorry Dr. Yandell has taken the course he has—we can only pity him. TRUTH.

A WORD TO THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

THE following editorial from the Medical and Surgical Reporter, contains such a dispassionate review of the questions that may be presented to the American Medical Association for adjudication, that we take pleasure in placing it before our readers:—

It is clearly apparent to all physicians who read medical journals—and we would ask what intelligent one does not?—that the coming meeting of the American Medical Association in St. Louis is destined, beyond doubt, to be the most important one that has ever been held.

The meetings of this, as of all other medical societies, usually consist in the reading of a lot of papers, an interchange of friendly hospitality, and an adjournment.

But in May next there will be a meeting at St. Louis that is destined to go down into history as the most momentous gathering of medical men that has ever assembled in this country, for at this meeting the future policy of the International Medical Congress will be definitely settled. The controversy between the present committee, which is now making arrangements for the Congress under the direction of the association, and those who object to the formation and work of this committee, will be brought to an issue.

Without animosity and prejudice on either side, we feel that we are imperatively called upon to say a few words on this very important question. It is of exceeding great importance, for upon the spirit in which the profession receives the final verdict of the association, will rest the estimation in which we will be held, as sensible men or the reverse, by our European brethren.

All the talk that has been indulged in by those who are opposed to the association in reference to the idea that it has not the right to control the Congress, which was at first their stock in trade, has been impliedly abandoned. It is now evident that their method of future warfare, their spring campaign, contemplates the passage by the association of a resolution accepting the report of the present Committee of Arrangements, discharging them from all further service, and commencing the organization of the Congress *de novo*. Let us look into this question for a minute, and see just what the true position of affairs is.

The association has, we maintain, the right to do just exactly that which it chooses, and when it has announced its decision, it then becomes the plain duty of all right-meaning medical men to uncomplainingly abide by this decision. The claim that the association has not the right of arbitration, has been, we say, clearly abandoned by those who at first made this claim, as is evidenced by their determination to refer the matter in dispute to the association for arbitration. That they so intend was made plainly evident by the opposition in the recent meeting of the Philadelphia County Society, when a successful effort was made to substitute for the regularly nominated delegates to the association a ticket made up of those who were known to be opposed to the present attitude of the association and its committee. Therefore, since the opposition have seen fit to refer their battle-ground to St. Louis, we most emphatically say that they will stultify themselves, so to speak, if, when the association has spoken, they do not, at once, cheerfully acquiesce and work manfully for the success of the Congress.

But we fear that such is not their intention; we very much fear that their programme contemplates the effort to capture the association, and if they fail in this, then to organize a new association, from which it is possible that an invitation to hold an opposition Congress might go forth. That there is a movement on foot to organize a new national association, there can be no reasonable doubt, though this fact has been denied in our hearing by one of the organizers; at least, he denied that the purpose was to organize in opposition to the American Medical Association; but we ask how it would be possible to start a new national society that would not be in opposition to the present association. Well, then, we say that the association has the right to do what it pleases, and when it has so done, that we must give it our adherence.

The words that we wish to say to the delegates are to let them know that an effort will be made at the meeting in St. Louis to capture the associa-

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tion by those who are not in accord with its present attitude. We wish to say that the war-cry of this army of conquest will be "Harmony;" "The good of the profession;" "The success of the Congress;" "The reconciliation of all differences in the profession;" and the like. We doubt not that the same measures will be resorted to that were adopted to capture the Philadelphia County Society, which we can only characterize as undignified, ungentlemanly, unconstitutional, and rebellious, because the manipulators succeeded, by means of a packed meeting (we use the word advisedly), in electing their list of delegates irregularly and in direct opposition to the provisions of the constitution and by-laws. *We were present at this meeting, and know whereof we speak, when we say that the majority of those men who voted for the irregularly substituted ticket were men who are rarely seen at the meetings of the society, were young men, and in very many instances, men who hold positions as clinical assistants to our professors, and whose heads, therefore, would have paid the penalty of that independence which they were too weak to exhibit.*

It was a very significant fact that all the older men, that is those among them who evidence their interest in the society by attending the meetings, voted for the regularly nominated list of delegates.

Now then, we have cautioned the delegates that a deliberate effort will be made to capture the association by the methods usually employed to carry a ward convention; and we advise them strongly, that as they value the good name of the American profession, they should not tolerate any such proceedings, which they can prevent if they will attend the meeting.

To the Judicial Council of the association, we have a word of the greatest importance to say: If the question comes before you, as it may, as to which set of delegates from the Philadelphia County Society are really the accredited delegates to the association, your decision, if fairly rendered, must be in favor of the list that was nominated in the regular course that is laid down by the constitution, and not in favor of the list that was elected in direct violation of all law and precedent. If, perchance, the question arises, that although this ticket was nominated in due form, yet it was not elected, and therefore is not entitled to representation, it would seem that your duty was to deny representation entirely to the Philadelphia Society, a contingency that we would very much dislike to see; but nevertheless, you cannot conscientiously grant admission to this irregular delegation on any ground.

Again we would say to the delegates from all over the United States, be prepared to do your duty manfully at the next meeting. You will require all the courage you can summon to your aid that you may resist the great pressure that will be brought to bear upon you from both parties, and it will sorely try you to do that which your conscience tells you is the right thing. But be firm; go to St. Louis determined to carry out the instructions of your society, if they have directed you, at all hazards. If you are not instructed, then do the best you can; and above all, firmly make up your minds that whatever may be the decision of the society, you will cheerfully abide by it, and, with your whole heart and soul, do all to support and aid the American Medical Association.

Whatever may be the decision of this tribunal, this journal will support it to the utmost extent of its ability.

COMMUNICATED.

AN EPISODE OF THE REVOLT AGAINST THE ASSOCIATION.

BY W. H. WATHEN, M.D.

AS a member of the New Committee, appointed by the American Medical Association, it may not be amiss to invite the attention of my professional brethren—who stood shoulder to shoulder and endured with me the hypercritical criticisms of our labors—to some of the devices of those "scientific medical men" whose great learning and virtue have made them despots. We have been repeatedly informed during the last few months, by a few professional gentlemen of the medical press, that all of the "eminently scientific men" have resigned the chairmanships of sections, etc. Well, let us see what constitutes one of these "great scientific medical men," defenders of professional honor, etc., and we will then be better able to judge of the truth of those assertions.

As the chairmanship of the Section on Surgery is one of the most important scientific places in the Congress, let us direct our attention to David W. Yandell, M.D., of Louisville, Kentucky, who recently resigned its chairmanship and was one of the first to "cast a stone" at the work of the New Committee.

On my return home from the meeting of the committee in Chicago, it was publicly mentioned that I had been active in securing Dr. Yandell's reappointment to the chairmanship of the Section on Surgery. About this time Dr. Yandell attended a meeting of professional

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gentlemen in Philadelphia, and, with them, declined to have anything to do with the Congress, for reasons already made known. He next took occasion to give vent to an overflow of "his science," which is fully set forth in the following correspondence:—

[We will now take a peep at it, and pass on without comment.]

Philadelphia Club,
Philadelphia, June 29, 1885.

My Dear Wathen: I see in the report you gave to the Courier-Journal of what you did at Chicago, that you say you remembered me among your Kentucky friends.

[The following appeared in the Courier-Journal a few days after my return from the Chicago meeting of the Committee: "Dr. Wathen has returned from Chicago where he attended a meeting of the Committee of Arrangements of the International Medical Congress. The Doctor remembered his Kentucky friends, and had several of them elected to the most important offices in the Congress, viz: Drs. D. W. Yandell, Henry M. Skillman, W. W. Cleaver, J. N. McCormack, D. A. Reynolds, M. F. Coomes, C. W. Kelly, J. A. Hodge, and Jno. A. Octerlony."]

Naturally, I am obliged. Will you kindly write me, at your early leisure, in what way you remembered me? What did you do for me at Chicago?

Hoping you are well and with kind regards to your family, I remain very truly, etc.

D. W. YANDELL.

[Personal.] Louisville, Ky., July 1, 1885.

My Dear Doctor: I did what I could while in Chicago to have you reappointed President of the Surgical Section, and while there was opposition to you, I am pleased to say that no one in committee voted against your reappointment. This is as much as it would be proper for me to say to you now, but I may explain the details more fully when I see you. Sincerely, your friend,

W. H. WATHEN.

To D. W. Yandell, M.D.

Philadelphia Club, July 4, 1885.

Dear Doctor: I am obliged to you for answering me so promptly. Having seen much of my friend, Dr. Cole, and of Dr. Shoemaker (whom I have only recently come to know and whom I like very much), and had several unreserved conversations with them on their proposed action at Chicago before they left, and having had a full account of the doings of the committee both from Dr. Shoemaker and Dr. Hays, after their return, I was taken somewhat aback when I found you saying, in the Courier-Journal, that you had had me appointed to my place. Hence my letter to you.

Neither of the gentlemen, whose names I have given, have any recollection of any opposition made at Chicago to my appointment, or rather to my appointment remaining undisturbed; and the two first, Cole and Shoemaker, had volunteered the statement, before they started to Chicago, that neither I nor certain other chairmen of Sections, whom they named, would be changed. I am none the less obliged to you, however, for your very kind intentions toward me. Hoping you are all well,

I am very truly, etc., yours,

D. W. YANDELL.

Philadelphia Club, July 4, 1885.

**My Dear Doctor:* When I saw that Dr. Wathen had taken to himself the credit of having *made me* president of the Surgical Section of the International Medical Congress, I felt so keenly the injustice of the thing that I wrote him, of course, in my friendly way, to know just what he had done. I inclose you his reply. Now, I am going to give you the true inwardness of the thing, that you may know what I know:—

I was appointed by the Original Committee to the place. When talking to Cole and Shoemaker here, before they went as members of the New Committee, they volunteered the statement that I, along with a number of other chairmen, would not be disturbed. I was not disturbed. Dr. Wathen takes, in the public prints, the credit of this to himself.

Now, when I saw he had done so, I had a friend to see several members of the committee to which Wathen belonged, and made inquiries concerning his action at Chicago, with the result of being assured that he was the only member of the committee *who showed himself to be my enemy.* How is that for high? Assured at W.'s end of the line in the *newspapers* that HE had me appointed. Assured at this end that he was the one man who strove to defeat my REappointment! How, I say, is that for high? I have, as you will see, resigned the place.

To-day, Dr. Shoemaker called to express his very great regrets at the step, to hear my reasons for taking it, and to learn if there was no way by which things could be adjusted, I could be satisfied and induced to remain. He asked me to write out my objections to the action of the committee, suggest a remedy for what I regarded as its mistakes, and unite with him in the effort to placate the enemies it had made, and in some way adjust the differences which had sprung up, and which threatened to jeopardize the success of the Congress.

I told him that any further action on my part would depend largely on my health. That I expected to open on the subject either in my own

*His son-in-law, Dr. W. O. Roberts,

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journal, or in some Eastern journal whenever I was able, etc., etc. That I hoped that matters might at least be so far reconciled as to disarm opposition, though I could not see how it could be carried to the point of regaining the support of the seceders.

Well, I told him much more, and however much Dr. S. may be disliked here, I have nothing to do with that, and however great may be the feeling against him, he is an active, quick, and strong man, and an ugly customer to handle.

I am now out of the Congress. My companions are many, embrace names which represent brains, position, and large influence. I am glad I am out, and, as at present advised, I shall stay out.

I wish now that Dr. W. had published nothing in the papers, or that I hadn't seen it. But I couldn't well have missed seeing it, as I received three marked copies of the Courier-Journal containing it. Having seen it, I felt so sure that the Doctor had done me a great wrong, that I took the pains to learn just how matters in committee stood. The result you now know.

I am your attached friend,

D. W. YANDELL.

Louisville, Ky., August 6, 1885.

Dear Doctor: From your letter of July 4th to Dr. W. O. Roberts, I quote the following:—

"I had a friend see several members of the committee to which Wathen belonged and make inquiries concerning his action at Chicago, with the result of being assured that he was the only member of the committee *who showed himself to be my enemy*. . . . . Assured at W.'s end of the line in the *newspapers* that HE had me appointed. Assured at this end that he was the one man who strove to defeat my REappointment."

Would you please to give me your authority for the above? Very truly yours,

D. W. Yandell, M.D. W. H. WATHEN.

Isles of Shoals, off Portsmouth, N. H.,
August 11, 1885.

Dear Doctor: Yours of the 6th came only to-day. I saw the letter you wrote to Dr. Hays touching your action towards me, and at once asked the gentleman who had told me of your behavior at Chicago, to allow me to give you his name. This he declined to do.

What I wrote to Dr. Roberts about you was written, Doctor, in no spirit of fault-finding, but simply as a chapter of medical history which I desired he should know. I had no grievance, for you are a free agent and entirely capable of managing your own interests.

We understand each other now, perhaps, better than we could have done had you not gone to Chicago, and I am, Very truly, etc.,

D. W. YANDELL.

Louisville, Ky., August 14, 1885.

Dear Doctor: Your letter of the 11th just received. In your letter of July 4th to Dr. Roberts, you place me in the false attitude of having endeavored to defeat your reappointment at the meeting of our Committee in Chicago, and afterward furnishing to the Courier-Journal an item saying that I had you elected. Pardon me, but I must again ask you to give me the names of the several members of the committee who gave the information upon which the above statements are based. Very truly yours,

W. H. WATHEN.

D. W. Yandell, M.D.

Appledore, N. H., August 18, 1885.

Dear Doctor: My authority for one of my statements is to be found in the Courier-Journal, date not remembered, but published soon after your return from Chicago.

My authority for the other I have previously written you, declines to allow me to give his name.

Very respectfully,

D. W. YANDELL.

Louisville, Ky., August 21, 1885.

Dear Doctor: Your evasive answer to my request, in a letter to you dated August 14th, received to-day.

I am sorry that your remarks about me in your letter of July 4th to Dr. Roberts were communicated to others. I suppose you know that I have a copy of that letter.

Your statements concerning my action toward you at the meeting of the Committee of Arrangements in Chicago in June are false, and you will be treated as the author of the same upon your failure to give other authority.

Very respectfully,

D. W. Yandell, M.D. W. H. WATHEN.

Appledore, August 25, 1885.

Dear Sir: I have this day inclosed your communication of the 21st inst. to the gentleman who gave the information concerning your behavior toward me at Chicago, and when his answer comes I will make further reply to you.

Respectfully,

Dr. Wathen. D. W. YANDELL.

Isles of Shoals, N. H., August 30, 1885.

Dear Sir: To save delay, I have this day written to you, care Professor Flint, New York, thinking you'd be in that city by the 3d proximo. Lest, however, you do not reach there, I write now to Louisville to ask in what particulars is my letter to Dr. Roberts false?

Respectfully,

Dr. Wathen. D. W. YANDELL.

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Louisville, Ky., September 7, 1885.

Dear Sir: Your letter of August 30th was received yesterday, upon my return from New York City. I did not receive any letter from you while in New York. I saw Professor Flint, Jr., several times, but did not see his father.

Your letter to Dr. Roberts is false in the following particulars:—

1. In saying, that he (Wathen) was the only member of the committee who showed himself to be my enemy.

2. In saying, that he (Wathen) was the one man who strove to defeat my reappointment.

The facts are—

1. There was opposition to your reappointment.

2. I did what I could to have you reappointed.

3. Without my influence you would not have been reappointed.

4. Your reappointment was secured by my earnest appeals to the members of the committee in your behalf.

5. I have positive, written evidence to prove the above.

Respectfully,

W. H. WATHEN.

D. W. Yandell, M.D.

Appledore, September 10, 1885.

Dear Sir: Referring to your communication of the 7th instant, it is pertinent to remark, that had you, in the beginning of this correspondence, contented yourself with denying the truth of my statements to Dr. Roberts instead of persistently asking for the authority on which those statements were made, fewer letters would have passed between us, and a much earlier understanding would have been reached.

You must have known that I had authority for what I said. But Eastern men are less ready than men are with us to shoulder what may become an unpleasant responsibility. I have succeeded, however, in getting the consent of the gentleman, who was my informant as to your conduct at Chicago, to give his name, and when I meet him in Philadelphia, next week, I will furnish you with the evidence on which I based my letter to Dr. Roberts. I need hardly remark that in whatever respect that evidence is insufficient to establish the correctness of my statements, I shall at once admit its insufficiency, withdraw what I said, and apologize for the wrong done you. And I shall take pleasure in doing so. For I had much rather think a person my friend than my enemy.

My chief, indeed my only, concern now, in this matter, is to show that I spoke by authority. Anything further than that is not now a question between us. I thanked you once for what you were said in the Courier-Journal to have done for me. I hope I shall never be unmindful of kindnesses done me, no matter by whom.

I shall be, with Dr. Gross, in Philadelphia the greater part of next week, and will send you from there a communication which will exonerate me from the charge of speaking without authority, though my author may have been himself in error.

Very respectfully,

D. W. YANDELL.

W. H. Wathen, M.D.

Philadelphia, Pa., September 18, 1885.

Dear Sir: The gentleman who told me of your behavior at Chicago was Dr. S. W. Gross. He derived his information from Dr. Minis Hays, who was in Chicago with you.

Before Dr. Hays went to Chicago, I had mentioned, incidentally, that I believed you to be my friend. On his return he said to Dr. Gross that he did not consider you my friend, that you had proposed, or at any rate favored, the emptying of the places of all the presidents of sections, and, as I was a section president, he thought that was not a friendly act. This, and more of like tenor, was repeated to me by Dr. Gross. When I expressed surprise at such a report, and added that you claimed to have secured me in the office, I was told that Dr. Hays knew nothing of the kind, and did not believe that you had, in any way, accomplished such a result.

On the strength of this, and, as I remarked, of other things of like tenor, I wrote what I did to Dr. Roberts. Your communication of the 7th instant puts an entirely different face upon the whole matter, and had it, as I have previously written, been given in the beginning of this correspondence, the interchange of letters need have been small. I should have believed that Dr. Hays had misconstrued your acts, and misunderstood your words. He, too, would have believed the same. When I showed him the communication I have referred to, he was evidently pained that he had given currency to impressions which were, by your statement, erroneous, and led me to believe you were my enemy instead, as you claim, my active friend.

I have now this to say, that with your statement before me, and after having shown it to Dr. Hays, I am satisfied that Dr. Hays was mistaken in what he told Dr. Gross, and that, therefore, I am in error in what I wrote to Dr. Roberts, and owe it to you, and to the truth, to say so. I authorize you to at once make known to Dr. Roberts the foregoing, and to ask him for me to make it known to every one to whom he has communicated the contents of my letter, that I was unwittingly led into error in reference to your action toward me at Chicago, and my statements concerning it are erroneous, and therefore gladly withdrawn, and to be hereafter as though they had not been made.

Before bringing this correspondence to a close,

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it is due you to say that I am gratified to be able to state that I was led into error, through, I am sure, no desire on the part of either Dr. Hays or Dr. Gross to make mischief between friends. But the source of my special pleasure is to find that I did you a great injustice in allowing myself to believe you were my enemy, when you were my friend; while I remain,

Very respectfully and truly,

D. W. YANDELL.

Louisville, Ky., September 23, 1885.

Dear Sir: By your letter of September 18th, I find that I am asked to believe that you spoke by authority, in your statements about my action toward yourself, and that you have condescended to forget my conduct, and to acknowledge that your informant may have been guilty of a misunderstanding that caused you to commit an error. Now this, on the surface, smacks of magnanimity, but you seem to have become oblivious to the fact that I can neither crave nor receive pardon for an offence which I have not committed. Neither can I accept such an apology any more than I can be induced to believe that ingratitude is the reward of virtue. As you have made your retraction, while using others as a subterfuge, without giving other evidence than a simple assertion, I can give your apology consideration only in the brighter light of acknowledged authority, and defend my own conduct by the same standard.

There must have been some mistake as to the authority for your statements, which is proved by the following ambiguity: In your letter to Dr. Roberts, you say, that "several members of the committee assured your friend, etc.," and now your only authority is what Dr. Hays should have told Dr. Gross. These statements, collectively, show a discrepancy, and when received in the light of the following communication, one would think that Dr. Hays would not have been guilty of double-dealing as your assertions indicate:—

"W. H. Wathen, M.D. "July 20, 1885.

"*Dear Doctor:* Yours of the 17th instant is just received. Nothing transpired in the committee, within my knowledge, to justify the statement that you had opposed Dr. Yandell's election at Chicago. "Yours very truly,

I. MINIS HAYS."

In conclusion, I regret to say, that in the absence of acknowledged authority for your unkind accusations, I have no further time to devote to this correspondence, and I shall bring it to a close with the unpleasant reflection that my labors on behalf of my townsman have been rewarded by ingratitude. Respectfully, etc.

D. W. Yandell, M.D. W. H. WATHEN.

Chestnut Street, September 28, 1885.

Dear Sir: I feel that the language of my communication from Philadelphia, legitimately conveys no such meaning as that you have given it, and that you have misconstrued both its intent and spirit.

The purpose of that letter was to give you the authority on which I had made certain statements concerning yourself, to withdraw "and leave as though never said" everything which you said was incorrect. Its spirit was friendly. I regret that you have chosen to read it in a different way. Very respectfully,

D. W. YANDELL.

Louisville, Ky., September 29, 1885.

Dear Sir: When I received your letter this morning, I expected to find the authority for your "accusations," but I regret to say, that I feel quite keenly the disappointment, and I am compelled to reiterate the statements in my last letter, as they are made by authority, which does away with your "misconstruction" idea.

Either furnish me authority for your accusations, or come down to facts and acknowledge that you yourself have been my traducer. Unless you do this it is useless to protract this correspondence. Respectfully, etc.

D. W. Yandell, M.D. W. H. WATHEN.

Washington, D. C., July 8, 1885.

Dear Dr. Wathen: Your note is at hand. I remember that you worked for Dr. Yandell's retention as chairman of the Section on Surgery, although there were others who thought it would have been better to have selected some of our more widely known surgical writers.

Your efforts in the case were successful, and I am surprised that any one should imagine you had opposed Dr. Yandell, when the contrary was the fact. Very truly, your friend,

JOHN B. HAMILTON.

Dr. W. H. Wathen, Louisville, Ky.

New York, July 9, 1885.

Dear Doctor Wathen: I regret to learn that Dr. Yandell should have declined the appointment of chairman of the Section on Surgery of the International Medical Congress, and remember very distinctly your efforts in his behalf and for representatives from your State. I seconded your nomination of Dr. Yandell, and believe that he is indebted to you for his reappointment.

Yours very respectfully,

J. W. S. GOULEY.

Cleveland, Ohio, July 13, 1885.

My Dear Doctor: In answer to your esteemed favor of yesterday, in regard to the action of the Sub-Committee of Arrangements, at its recent

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meeting in Chicago, Ills., the facts are: When we came to the Section on Surgery, one member (not yourself) objected to Dr. Yandell's retention as chairman of this section, as this member did not consider him sufficiently a representative man for so prominent a section, and believed that we had other surgeons in this country so much more eminent, and whose abilities entitled them more than Dr. Yandell's to the position. It was only at your earnest personal request that this objection was withdrawn, and his name allowed to be presented to the General Committee for confirmation. I know that this member of the committee who made the objection, now feels that since Dr. Yandell has shown *his cloven* foot so beautifully in conjunction with the Philadelphia immaculates, that it was a great mistake to have retained him, and, that if it were to do over again, neither your entreaties nor persuasion would have kept him in the place. I do not believe any member of the Sub- or General Committee of Arrangements ever said that you personally opposed Dr. Yandell at the meetings of either committee, or at any time in or out of the committee meetings, *for it is an untruth—it is a falsehood!*

You are at liberty to use this letter as you deem best. Yours fraternally,

X. C. SCOTT,

Chairman Sub-Committee of Arrangements at Chicago meeting.

To Wm. H. Wathen, M.D., Louisville, Ky.

Helena, Ark., July 14, 1885.

W. H. Wathen, M.D.

Dear Doctor: I am greatly astonished at Dr. Yandell. You will remember that there was strong opposition to him in the whole committee, and that the opposition followed him into the Committee of Revision, and but for the determined stand you and I took in his behalf, he would have been mercilessly *fired out.* You recollect our conversation in the rotunda at the Palmer House, where we discussed this opposition to him. I remarked that now was the time for you to exhibit your magnanimity. That since Yandell had not been friendly to your interests, and, as you now represented the profession of Kentucky on the committee, he being a man of mark in his profession both in Europe and America, that I thought you would be acting nobly to sustain him as president of the Section on Surgery, a place that had been assigned him by the defunct committee. And that when we arrived at that part of the work of revision I would stand by you in defending and retaining him in that position. When we did come to it our united and persistent defence saved him. Can it be possible that Yandell is ignorant of this fact? He must be, or he would not have joined with those malcontents in Philadelphia in denouncing the action of our committee, whose proceedings were not made up at the time of his action, and of which action he must have been in total ignorance; unless, as was claimed by some of the committee, that he was not sound on the Code.

I must express my astonishment at his action, as I have always entertained for him a very high opinion, both professionally and morally.

Very truly yours,

D. A. LINTHICUM.

Philadelphia, Pa., July 14, 1885.

My Dear Doctor: I have no hesitation in saying that Dr. David Yandell, of your city, owed his appointment or reappointment directly to you.

In the Sub-Committee, as well as in the General Committee, we directly understood that each member was responsible for each appointment from his State.

Before the meeting of the committee I know you were personally active to secure Dr. David Yandell's reappointment. I am also quite certain that in a conversation with Dr. Yandell, I also stated how enthusiastic you were in his behalf. Yours sincerely,

JNO. V. SHOEMAKER.

West Randolph, Vt., July 15, 1885.

My Dear Dr. Wathen: Yours of the 12th received this morning. I must express my surprise at what you report Dr. Yandell as saying. I do not know but some member of the committee made such an assertion, but very much doubt it. I am quite sure no one of the Sub-Committee of Nine would say that, for I well recollect the objections of . . . . and the pertinacity and tact you used in urging Dr. Yandell for the position. It was through you that he obtained the position, and I do not believe that any other member of the Sub-Committee could have carried his appointment, and for quite a time I thought you would fail. I feel very confident in saying that to you personally and alone Dr. Yandell owes his appointment, as I do not think but for yourself his name would have been brought before the committee in connection with the position.

Would like to know if you are able to convince Dr. Y. of your interest in him.

Fraternally and sincerely yours,

E. F. UPHAM.

Washington, D. C., July 19, 1885.

Dear Doctor: Your note of the 17th is received. I have no knowledge of your having opposed Dr. Yandell. As I remember it, you spoke to me about it on the first day, expressing doubts as to whether his reëlection would be sat-

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isfactory to the majority of Louisville physicians. Subsequently, you told me that you should support him, and asked me to do the same. When it came to voting, no one voted against him, so far as I remember. Very truly yours,

J. S. BILLINGS.

Dr. W. H. Wathen.

San Francisco, July 20, 1885.

My Dear Wathen: Yours of July 6th came duly to hand, and contents noted.

What Yandell means I am at a loss to conjecture. I know that he was by no means the popular man he supposed himself to be for the place, and think he should feel himself under obligations to his friends for placing him where he tacitly desired himself. In haste,

Yours fraternally,

R. BEVERLY COLE.

Philadelphia, July 20, 1885.

W. H. Wathen, M.D.

Dear Doctor: Yours of the 17th instant is just received. Nothing transpired in the committee, within my knowledge, to justify the statement that you had opposed Dr. Yandell's election at Chicago. Yours very truly,

I. MINIS HAYS.

Austin, Texas, July 26, 1885.

Dear Doctor: I was called out of our committee-room before we reached the Section on Surgery, and was not present when it was revised. If you had opposed the retention of Dr. Yandell's name as its chairman, your wishes, as the representative of Kentucky, would have caused his decapitation. As matters have turned out, I regret that you failed to do this, since Dr. Yandell has joined hands with the medical communists, in an effort to destroy the Code of the American Medical Association, and open the doors to all pathies and isms. I have no sympathy for him, and none is felt for him by the profession of Texas. With best wishes for you personally, and for the success of the Congress, I remain, Very truly, your friend,

J. W. MCLAUGHLIN.

Washington, D. C., August 2, 1885.

My Dear Doctor: Absence from home, at the seashore, will explain to you my delay in replying to your letter. I now do so to say that I well recollect what occurred touching Dr. Yandell's position on the programme. It was suggested that some more prominent man might be placed in the position which had been assigned to him. You very promptly and emphatically objected to his being touched, alleging that your relations with him might furnish ground for charging you with such removal.

I dictate this note to you from a sick-bed, and hope you will, therefore, excuse brevity.

Very respectfully yours,

A. Y. P. GARNETT.

Memphis, August 12, 1885.

Wm. H. Wathen, M.D.

My Dear Doctor: Your favor of the 5th instant came duly to hand. Replying, I would say, that I do not remember to have heard you mention the name of Dr. D. W. Yandell, while in Chicago or elsewhere. I am confident you did not oppose him, in any way, in my presence.

Yours most cordially,

F. L. SIM.

Louisville, Ky., October 5, 1885.

My Dear Doctor Hays: Some letters have passed between Dr. D. W. Yandell and myself, touching my conduct toward him in the committee meeting in Chicago, and since he has given *you* as the source of his information, I take the liberty of inclosing so much of the correspondence as relates to yourself, in order that you may have a full knowledge of what has transpired before the publication of the same.

I need hardly say to you that I have, from members of the committee, abundant written proof in support of my veracity.

Of course, I have no concern about Dr. Yandell's attempt to injure me here in my native State, where both of us are known, and I wish to place myself only in the proper light before professional gentlemen, in other parts of the country, where his poisonous arrows may have fallen. If you have any further statement to make, please give it your attention at the earliest possible moment. I have the honor to remain, with much esteem, Yours very truly,

W. H. WATHEN.

I. Minis Hays, M.D., Philadelphia.

Philadelphia, October 7, 1885.

My Dear Doctor Wathen: Yours of the 5th instant just received, and I greatly regret that a casual remark of mine should have unintentionally reached Dr. Yandell's ears, and have led him to put an interpretation upon your actions which it did not justify.

Before I went to the Chicago meeting, Dr. Yandell, in conversation with Dr. Gross and me, told us that just before he left home, and while yet confined to his bed, he had had a "friendly visit" from you, during which you had freely discussed what had been done at New Orleans, in reference to the Congress, and the then existing outlook, and that you could be relied upon as not being in sympathy with the radical leaders on the committee. Now, from the part that you took at Chicago, I came to the conclusion that

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you were fully in sympathy, and in active coöperation with them; and in speaking to Dr. Gross, of what had been done at this meeting, I said that Dr. Yandell had misjudged the course you would pursue, and it did not appear that you were the "friend" that his conversation with us seemed to imply.

I have no knowledge of your having voted against Dr. Yandell's reappointment at Chicago, and, in reply to his inquiry on this point, so stated to him.

I strongly disapprove of drawing the attention of the public to matters which are purely personal, yet if you adhere to your intention of publishing your correspondence with Dr. Yandell, I must request you to include your note to me and this reply, so that the manner in which my name has been drawn into this controversy may not be misconstrued. Very truly yours,

I. MINIS HAYS.

"Full many a flower is born to blush unseen,
And waste it's sweetness on the desert air."

MEDICAL NEWS AND MISCELLANY.

DR. G. BETTON MASSEY has removed to 1706 Walnut Street.

THE ALABAMA STATE MEDICAL ASSOCIATION will meet in Anniston on April 13th.

THE GEORGIA STATE MEDICAL ASSOCIATION will meet in Augusta on April 21st, 22d, and 23d.

DR. E. A. NEELY has been appointed Associate Editor of the Mississippi Valley Medical Monthly.

DR. GASPAR GRISWOLD, one of the most promnent young physicians of New York, died at his home in that city on March 4th.

DR. E. T. WELLS has been appointed to the Chair of Materia Medica in the College of Physicians and Surgeons, of Chicago, Ills.

DR. D. D. MARR (Chicago Medical Journal and Examiner) considers chloral hydrate to be the most reliable agent in the treatment of the vomiting of pregnancy.

DR. J. S. JEWELL, of Chicago, has been appointed editor of the Neurological Review, a new journal published by Rand, McNally & Co. The first number will be issued in May.

THE DAKOTA MEDICAL BRIEF is a new journal which will be published at Mitchell, Dakota. It is to be issued monthly, and edited by F. Andros, A.M., M.D., and H. S. Sevey, M.D.

LANOLIN.—Lanolin, the new ointment basis introduced by Liebrich, of Berlin, is obtained from sheep's wool and other keratin-holding tissues. It is in fact the natural fat of the epidermis and its appendages. It readily absorbs its own weight of water, and is, in turn, readily absorbed by the skin.

THE OHIO SANITARY ASSOCIATION has elected the following officers for the ensuing year: President, Dr. S. H. Herrick, Cleveland; Vice-Presidents, Professor E. T. Nelson, Ph.D., Delaware; Dr. W. H. Phillips, Kenton; Dr. C. T. Langdon, Westerville; Secretary, Dr. R. Harvey Reed, Mansfield; Treasurer, Professor John Simpson, Ph.D., Mansfield.

AMERICAN MEDICAL EDITORS.—The meeting of American medical editors for 1886 will occur in St. Louis on Monday, May 3d, the day preceding the meeting of the American Medical Association. The following are the present officers: Dr. H. O. Walker, President; Dr. F. L. Sim, Vice-President, and Dr. F. E. Daniel, Secretary.

BUFFALO MEDICAL COLLEGE.—The following new chairs have been created, and professors elected: Dr. H. R. Hopkins, Professor of Nervous Diseases; Dr. Bernard Bartow, Clinical Professor of Orthopædic Surgery; Dr. F. W. Hinkel, Clinical Professor of Laryngology; Dr. F. P. Vandenburgh, Adjunct Professor of Chemistry. The vacancies in the Board of Curators have been filled by the appointment of Dr. G. C. Clark, of Niagara Falls, and Dr. E. C. W. O'Brien, of Buffalo.

RAGWEED AS A HÆMOSTATIC.—Dr. J. H. Hill (Transactions of the Medical Society of North Carolina) extols the virtues of ragweed (*Ambrosia artemisiæfolia*) as a hæmostatic. One of the cases he reports was an aggravated case of hæmophilia, in which blood oozed from the nostrils, gums, and urethra. The patient, a child six years of age, had been bleeding for several days, and the usual remedies had been employed without effect. Dr. Hill then administered an infusion of ragweed and the hemorrhage promptly ceased.

VINEGAR AND SALT FOR DIARRHŒA.—Dr. Amos Sawyer, St. Louis Medical and Surgical Journal, January, 1885, states that the late Dr. B. F. Edwards had told him that for forty years he had used in the treatment of diarrhœa and dysentery a remedy which he had found in use in domestic practice. This was simply pure cider vinegar in tablespoonful doses, with a little common salt added to it. The remedy is one that has been employed by others with equal satisfaction. Probably the antiseptic action of the combination is the secret of its efficiency, although some would suggest that it may simply aid digestion. Simple as the remedy is, it is worth remembering.—*American Lancet.*

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ORGANIZATION OF THE INTERNATIONAL MEDICAL CONGRESS.—From the Chairman of the Executive Committee we learn that the organization of the International Medical Congress is nearly complete. More than three hundred of the representative physicians in all parts of the country have now signified their acceptance of nominations in the several Sections, and declared their willingness to do all in their power to make the Congress successful. We are glad to hear that the Secretary-General, Dr. Davis, is regaining his health, and has not abated his enthusiasm for his task. He expects to be able to present a very favorable report to the St. Louis meeting of the American Medical Association.—*Philadelphia Medical Times.*

TO THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.—The rates given to the delegates to the American Medical Association meeting, May 4th, in St. Louis, have been fixed by the different railroad companies of the country at one and one-third fares for the round trip. Delegates must pay full fare coming, and will receive, on application from the agent at the starting-point a certificate, which, when signed by the Chairman of the Local Committee of Arrangements, will entitle them to the reduced return-rate.

No reduced return ticket will be issued unless the purchaser can show a certificate issued by the agent from whom he purchased the going ticket, and signed by the Chairman of the Committee of Arrangements.

LE GRAND ATWOOD
Chairman Committee of Arrangements.

THE INTERNATIONAL CONGRESS.—Once more we are compelled to take the Medical Record to task for the inaccuracy of its statements. In its issue of March 6th, we read:—

"The prevailing feeling here regarding the Congress now is one of profound apathy and indifference. The news from abroad is equally discouraging. Almost the only smiling face is published at Chicago weekly. We hope for better news after the St. Louis meeting."

If the editor of the Record was a thick-headed Gothamite, we might believe that this wilful attempt, weak though it is, to injure the Congress, was the result of stupidity; but as we believe him to be a progressive American, we can only characterize it as a lame effort to say something in the direction which his journal has pursued. Now for the truth: there is a certain amount of "profound apathy and indifference" among those few who *would* but *could not rule*, while among the very great mass of the profession there is a lively interest in the coming Congress, and a determination to make it a success. The committee is at work, and all preliminary preparations are being satisfactorily made.—*The Medical and Surgical Reporter.*

THE INTERNATIONAL MEDICAL CONGRESS.—We would call the attention of our readers to the letter, published in another part of this issue, which was written to the Editor of the College and Clinical Record. It is the recital of the scene enacted by the Philadelphia County Medical Society, under the management of the seceders of the International. It will bring the blush of shame upon all who hold the honor and dignity of the profession at heart. It was simply outrageous, and the storm of indignation it has created throughout the country will make the conspirators feel, as they have never felt before, that the honor and reputation of the profession of the United States is not contained in the cities of Philadelphia, New York, and Boston, but is as broad as the whole land, and that the profession at large are exceedingly jealous of their reputation as gentlemen. Under these circumstances, the tactics, which have been slowly unfolding since the meeting of the American Medical Association in New Orleans, showing them to be those of abuse, vituperation, and misrepresentation, till the meeting of the Philadelphia Medical Society, when all the tricks of the ward politician were brought into play, there can be no such thing as reconciliation. Complete surrender the deserters must make or they cannot attend the Congress. This attempt to capture the American Medical Association would be laughable were it not for the methods. The meeting at St. Louis will be largely composed of men from the West. Do the seceders think for a moment that the men whom they insulted by giving all or nearly all the appointments of the Original Committee to men from Philadelphia, New York, and Boston, can forget the slight? We have too high an opinion of the stuff that Western doctors are made of to entertain for a moment such a suspicion.

When these men, these disruptionists, these men, who from the first moment of their appointment on the Committee of Nine, down to date, seem to have lost all sense of justice and the instincts which ordinarily control gentlemen: when, we say, they come back, it must be on the basis now existing, viz., under the arrangements made by the Enlarged Committee, and no other.—*New England Medical Monthly.*

INTERNATIONAL MEDICAL CONGRESS OF 1887. PROGRESS OF ORGANIZATION.—The statement in some recent medical journals to the effect that the progress of organization for the International Medical Congress of 1887 "seemed to have come to a standstill," is by no means correct, as the following facts will show:—

Soon after the final meeting of the General Committee on Organization appointed by the American Medical Association in September last, at which the said Committee adopted entirely

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satisfactory Rules for the Congress, selected the general officers, and chief officers of the several Sections, thereby developing under their Rule Ten an independent Executive Committee of the Congress, authorized to take charge of the entire interests and further management of the organization, the said Executive Committee held a full meeting in November and organized for their work. The President and Secretary-General were instructed to issue a preliminary circular giving the general officers selected and the Executive Committee, together with the Rules in English, French, and German, and distribute the same both in Europe and America. At the same meeting sub-committees were appointed on all the more important items of unfinished business, to report at another meeting of the Executive Committee to be held in a few weeks from this time. These sub-committees have been quietly but diligently prosecuting their work so successfully that at the next Executive Committee meeting there will be neither difficulty nor delay in filling all vacancies needed to make the preliminary organization of the Congress complete, and be ready to proceed directly with the preparation of the details for the final programme for the work of every department of the Congress. The local committee of reception and arrangements at Washington, with Dr. A. Y. P. Garnett for Chairman, has increased its members to fifty, acting in harmony, and, for more efficiency in execution, divided into seven sub-committees, each with its allotted part of the work to be done.

This is a guarantee that every possible arrangement will be made for the interests and comfort of those who may attend the Congress from any part of the world, and that active efforts will be made to secure the lowest rates of travel on ocean steamers and railroads for those coming from other countries, and in regard to which timely notice will be given. With the aid of the Associate Secretary-General in New York the circulars announcing the Preliminary Organization and Rules of the Congress were freely distributed in foreign countries, and its reception was immediately followed by cordial responses, which have continued to be received almost daily at the office of the Secretary-General from many of the countries of Europe, more especially from Great Britain, France, Germany, and Austria, giving assurances of personal attendance, promising communications for certain Sections, and asking for further information. Instead, therefore, of a "standstill," the work of preparation for the Congress of 1887 is progressing rapidly and successfully towards completion. We have deemed it proper to make the foregoing statement to prevent misapprehensions, and for the general information of the medical profession at home and abroad.— *Journal of American Med. Association.*

AMERICAN MEDICAL ASSOCIATION. — The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday, and Friday, May 4th, 5th, 6th and 7th, commencing on Tuesday at 11 A. M.

The delegates shall receive their appointment from the permanently organized State Medical Societies and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; Provided, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the association.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward at once lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by special resolution, requested to send to him, annually, a corrected list of the membership of their respective societies.

SECTIONS.

"The Chairman of the several Sections shall prepare and read, in the general sessions of the association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections. . . . ."—By-Laws, Article II., Section 4.

Practice of Medicine, Materia Medica, and Physiology.—Dr. J. T. Whittaker, Cincinnati, Ohio, Chairman; Dr. B. L. Coleman, Lexington, Ky., Secretary.

Obstetrics and Diseases of Women and Children.—Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Paine, Galveston, Texas, Secretary.

Surgery and Anatomy.—Dr. Nicholas Senn, Milwaukee, Wis., Chairman; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

State Medicine.—Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

Opthalmology, Otology, Laryngology.—Dr. Eugene Smith, Detroit, Mich, Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

Diseases of Children.—Dr. W. D. Haggard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery.—Dr. John S. Mar-

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shall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

A member desiring to read a paper before a section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements, at least one month before the meeting.—*By-Laws.*

Committee of Arrangements.—Dr. Le Grand Atwood, St. Louis, Missouri, Chairman.

AMENDMENTS TO BY-LAWS.

By Dr. Foster Pratt, Mich.—Each section shall nominate its Chairman and Secretary—all other nominations to be made, as now, by the Nominating Committee.

By Dr. I. N. Quimby, N. Y.—Create a new section, to be known as the Section on Medical Jurisprudence.

WM. B. ATKINSON, M.D.,
Permanent Secretary.
1400 Pine Street, S. W. cor Broad, Philadelphia.

BOOK REVIEWS.

Ringworm; its Diagnosis and Treatment. By ALDER SMITH, M.B., Lond., F.R.C.S., Resident Medical Officer Christ's Hospital, London. Third edition, revised, and in part re-written. With illustrations. London: H. K. Lewis, 136 Gower Street, W. C., 1885.

It is no small praise to say that never within our recollection has there been a treatise published on this particular disease replete with so much valuable information and instruction as is contained in the little volume before us. An experience of ten years in the diagnosis and treatment of ringworm, particularly of chronic and inveterate cases, enables our author to give as the result of more than ordinary opportunity, "some useful and thoroughly practical hints on the subject, especially as to the production of *kerion*, the inflammatory form of the affection, and Nature's method of effecting a cure." The book contains twelve chapters, prescriptions, and an index, also five beautiful descriptive plates, and numbers 228 pages. The work opens with a few introductory remarks, and then gives a brief but very interesting history of ringworm, which is well worth reading, followed by a reference to the latest experiments on the life history of the fungus, and then proceeds in each succeeding chapter to describe the different varieties of the disease, and the mode of treatment.

The profession generally, and more especially those of it who have made this branch a specialty, are certainly highly indebted to Dr. Smith for this timely production. Especially do we recommend it to the young practitioner as a book of handy reference, to be kept within easy reach, for, even with our large experience, both in hospital and private practice, it has proved of great usefulness. It having already reached three editions in Great Britain, stamps the approval of its merits with our foreign brethren of the profession, and there is no reason why it should not be as equally acceptable in this country. It is handsomely printed, in clear, legible type, and presents an attractive appearance.

Elements of Pharmacy, Materia Medica, and Therapeutics. By WILLIAM WHITLA, M.D., Physician to the Royal Belfast Hospital; Consulting Physician to the Ulster Hospital for Diseases of Women and Children. With lithographs and woodcuts. Third edition. London: Henry Renshaw, 1885.

To give our readers an idea of the scope of this work is best done by saying that it is divided into six parts. Part I., treating of Pharmacy; Part II., the Administration of Medicines; Part III., Materia Medica; Part IV., Therapeutics; Part V., Non-official Remedies; Part VI., Chemical Reactions. To do full justice to the author and his book would require the ample pages of a quarterly, so we will have to rest ourselves with a most emphatic indorsement of its valuable contents. We speak from personal experience, as we have referred to it again and again, in the short time that it has been in our possession, for information, and found it presented in a concise and accurate manner, so much so that it is no marvel that it has already reached three editions, and when we think of the critical test of a British medical reading public it tells very highly of its appreciation. Dr. Whitla's prominence as a physician of high attainments is well known, and the production of this volume proves that he possesses literary talent, combined with patient research, that should not rest content with what he has already done, but continue to aid the profession with his invaluable suggestions. In studying the different parts the reader will be surprised at the lucidness and learning displayed, and how every detail is brought up to the latest discoveries in the different branches of medical science. We would also call attention to the beautiful cuts illustrating the part devoted to Pharmacy. They are of the highest order. There are also a general index and an index of poisons, both of which are of value. The typography and binding are all that can be desired, and give a handsome appearance to a welcome acquisition of the library.

NEW PUBLICATIONS RECEIVED.

On the Treatment of Lupus by Parasiticides, by James C. White, M.D. Reprint from Boston Medical and Surgical Journal.

Hydrocele of the Hernial Sac, by Thomas E. McArdle, A.M, M.D., Washington, D. C., and Louis Kolopinski, M.D., Washington, D. C. Reprint from the Medical News.

Angioma Pigmentosium et Atrophicium, by Jas. C. White, M.D. Reprint from Journal of Cutaneous and Vinereal Diseases.

Essentials of the Physical Diagnosis of Thoracic Diseases, by E. Darwin Hudson, Jr., A.M., M.D., New York.

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COMMERCIAL NEWS.

Notice of Removal.

Dr. T. Gaillard Thomas has removed from No. 294 Fifth Avenue, New York, to No. 600 Madison Avenue, between Fifty-seventh and Fifty-eighth Streets.

Resident Physician Wanted at the Buffalo Lithia Springs, Mecklenburg, Co., Va. This sanitarium will be kept open hereafter the entire year. For particulars apply to office of the company, 33 Barclay Street, New York.

For Sale.

Practice ($2000) and complete outfit, consisting of a small stock of drugs, horse and buggy, office furniture, and good-will, in a Southern Illinois railroad town. No competition. Want to move to city. Address, "Doctor," care of The Medical Bulletin.

A New Pepsin.

After more than two years experimentation, involving much expense and many disappointments, William F. Kidder & Co., of New York City, have succeeded in perfecting a non-hydroscopic pepsin, which they are about to place on the market under the name of Kidder's Crust Pepsin.

With our later knowledge of pepsin, obtained by chemical experimentation and clinical experience, many new channels of usefulness have been opened for it—not the least of which is its power to dissolve diphtheritic membrane—hence, any new preparation of pepsin that is an improvement over the several valuable preparations already on the market, must, of necessity, be received by the medical profession with considerable pleasure.

The real value of any brand is proportionate to its digestive powers, and we learn from most reliable sources that this new brand, by the egg-albumen test, shows more than twice the digestive power of any of the pepsins now on the market. It is palatable, because of its not decomposing in any atmosphere, is free from sugar of milk, salt, or peptones. One part of it dissolves 1200 to 1500 parts of coagulated egg-albumen. A prominent New York chemist says of it: "In my hands it has proved the most active ferment I have ever tested, one grain easily dissolving 1000 grains of egg-albumen; it moreover shows a uniformity of strength not found in the commercial article."

The chemist of the Brooklyn Board of Health tested it by the beef process, and finds that it digests more than double the quantity of any other pepsin in the market.

To make the saccharated pepsin of the United States Pharmacopœia, it requires only one grain of this crust pepsin to nineteen grains of sugar of milk—this being only about one-sixth as much as was formerly required—and, since the price of this new and potent ferment is to be the same as other good brands, it will be in the physician's hands a remedy, practically six times as cheap as any other similar remedy. We bespeak for this article an enthusiastic reception by the medical profession.

Stiger's Phosphated Coca-Malta.

"No. 391 Dean Street,
"Brooklyn, March 26, 1886.

"Mutual Chemical Co.

"*Gentlemen*:—I have to say for the preparation that it far exceeds anything heretofore presented to me. I have experienced the best results from your combination in the many suitable cases that have presented themselves, and I feel a greater confidence in recommending its use now, as I have experienced great disappointment in the many preparations of coca that have been highly extolled. I remain

"Yours respectfully,
"John J. G. Cary."

"No. 359 W. Fifteenth Street,
"New York, April 7, 1886.

"My short experience in using the Phosphated Coca-Malta has taught me that it does all the manufacturers claim for it.

"G. Frauenstein, M.D.

"*To the Mutual Chemical Co., New York City.*"

Buffalo Lithia Water.

Dr. William T. Howard, of Baltimore, Professor of Diseases of Women and Children in the University of Maryland, attests the common adaptation of this Water in "a wide range of cases," with that of the far-famed White Sulphur Springs, in Greenbrier County, West Virginia, and adds the following:—

"Indeed, in a certain class of cases, it is much superior to the latter. I allude to the abiding debility attendant upon the tardy convalescence from grave acute diseases; and more especially to the Cachexia and Sequels incident to Malarious Fevers, in all their grades and varieties, to certain forms of Atonic Dyspepsia, and *all* the Affections Peculiar to Women, that are remediable at all by mineral waters. In short, were I called upon to state from what mineral waters I have seen the greatest and most unmistakable amount of good accrue in the largest number of cases in a general way, I would unhesitatingly say the Buffalo Springs, in Mecklenburg County, Virginia."

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MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, MAY, 1886. No. 5.

A CLINICAL LECTURE.

GENERAL DROPSY, PROBABLY DUE TO HEPATIC DISEASE; BRIGHT'S DISEASE

ASSOCIATED WITH EPITHELIOMA OF THE NOSE AND PROBABLE EPITHELIOMA OF THE STOMACH.

BY WILLIAM PEPPER, M.D., LL.D.,

Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: To-day I ask your attention to a study of this somewhat complicated case. We have been able to obtain only an imperfect history of this patient. She is 53 years of age, has lately been engaged at housework. She apparently has a good family history, and her general health has been exceptionably good. She was married at the age of twenty-eight, and has had four children, all of whom are living. She has had no miscarriages. The menopause occurred four years ago, at the age of forty-nine. Two years before the menopause occurred, but when it probably was beginning, she commenced to have convulsions, which were sudden, and attended with general convulsive movements and complete unconsciousness, and followed by deep sleep, lasting for some hours. She was able to foretell the approach of these attacks by a feeling of general weakness, which came over her before the occurrence of the paroxysm. These attacks appear to have been epileptoid in character. Before she came to this country she was obliged to work hard in a brick-yard. She has not used alcohol to excess, and there is no history of syphilitic infection. She has had no severe disease, with the exception of an attack of rheumatism a year ago, which lasted several months, affecting chiefly the joints of the left side, the arm being first involved.

The present attack appears to date back ten months, when she began to feel indisposed, complained of loss of weight and failure of flesh and strength. There seems to have been at this time no vomiting, no fever, no pain, and no acute symptoms of any kind. Two months later she noticed swelling of the feet. The œdema rapidly extended, until it became complete anasarca. The urine became somewhat scanty, was passed more frequently than usual, but no change in its appearance was noticed. At the end of two months the swelling began to pass away, but she states positively that she observed that the swelling of the feet would be most marked when she got up in the morning, and that it diminished towards evening. This is a very unusual statement, and quite the reverse of what we ordinarily hear.

Her condition has steadily grown worse, and for the past nine weeks she has been unable to assume the horizontal position, and this, although the general dropsy so far as concerns the face, arms, and even the legs and feet, has greatly subsided. Examining the legs, we find the skin hard, brawny, and infiltrated, presenting the appearances seen after long standing dropsy. On the feet this condition of scleroderma is present in a remarkable degree. It is clear that in addition to the œdema there has been irritation of the skin, with exudation of lymph which has infiltrated the skin and undergone partial organization, and

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this has caused induration affecting not only the skin and subcutaneous tissue, but also the deeper tissues, and this has perhaps prevented the œdema from being as marked as it otherwise would have been. In this way the remarkable statement which she has made with reference to the œdema may be explained. At night, the warmth and long repose relaxes the tissues of the leg, permitting a more ready escape of serum from the vessels.

She thinks that she has lost fifty pounds in weight since she began to complain. She presents the worn expression of long suffering.

The abdomen is uniformly distended and its walls are œdematous, particularly at the dependent parts. There is a distinct wave of fluctuation developed on palpating the abdomen. There, however, does not appear to be sufficient ascites to explain the orthopnœa which is present. We find, on examining the chest, that there is effusion in both pleural cavities, on the right side reaching to the angle of the scapula, and on the left to a point two inches below the angle of the scapula. There is no evidence of effusion into the pericardial sac. The cardiac sounds are normal. Owing to the ascites and the pleural effusion, it is impossible to determine the exact limits of the hepatic dulness, but the liver is certainly not enlarged.

During the past twenty-four hours she has passed twelve ounces of high-colored, cloudy urine, depositing a cloudy sediment on standing. It contains a trace of bile and a moderate amount of albumen. The microscope shows bladder and vaginal epithelium, some mucus, a few blood corpuscles, amorphous urates, but no tube-casts. The patient has, however, been under observation but two days, and we have, therefore, been able to examine the urine only a few times.

Here, then, we have a case of long standing dropsy, with dyspnœa, cardiac disturbance, and insufficient action of the kidneys. We are encouraged to hope that a large portion of the trouble may be attributed to the woman's life of hard work and exposure. Her family history has been good, and her personal freedom from excesses of all kinds is a favorable feature. The absence of cardiac disease is also to be noted as a good sign. The condition of the urine is interesting and important. If further examination shows that it really contains no tube-casts, but is merely scanty, high-colored, and containing a trace of bile and a small quantity of albumen, indicating, therefore, that there is simply engorgement of the kidneys without organic disease, it would also be another favorable sign.

As to the cause of this general œdema, which has been more or less present during the past two years, and which is now complicated with ascites and hydrothorax, I feel somewhat in doubt. Learning, as we do, that the dropsy began in the subcutaneous tissues of the feet, and continued there for a considerable time before the development of ascites, we should naturally have expected to find cardiac or renal disease to account for it. It may be that the violent disturbance of this woman's nutrition connected with the establishment of the menopause, which, as we learn, was accompanied with violent convulsions, and probably with anæmia, will account for a considerable part of the œdema. On the other hand, you will not fail to note that the occurrence of these convulsions might point to a uræmic condition associated with organic renal disease, so that repeated examinations of the urine must be made before that question can be laid aside. The examinations thus far made are favorable, and indicate that the convulsions were dependent upon disturbances of the nervous system.

The condition of ascites and hydrothorax is somewhat difficult to explain. If we simply had ascites in a woman with a history of habitual alcoholic excesses, we should attribute the condition to cirrhosis of the liver. It is, however, a fact, that cirrhosis of the liver is not always the result of alcoholic excesses. It may result from idiopathic hepatitis, and arise in the most abstemious individuals, and, undoubtedly, the life of exposure and hardship which this woman has lived would undoubtedly predispose to the development of such lesions. The presence of hydrothrax interferes with the determination of the limits of hepatic dulness by percussion. We can say that the liver does not extend too low, but we are unable to map out its upper limit. There is no great enlargement of the subcutaneous veins of the abdominal wall. Again, the combination of ascites with double hydrothorax, when the ascites is not more marked than here, suggests some more general cause of the dropsy than mere cirrhosis of the liver. In that affection, the dropsy usually begins in the abdomen, continues until it becomes very great, and then in-

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volves the extremities and the serous cavities. Her history has not been such. I have no question that there is a lesion of the liver, but I am satisfied that there is something more than this. That additional element may be disease of the kidneys, which will be revealed by further examinations. It is, however, more probable that the œdema is to be attributed to a morbid condition of the tissues, resulting from protracted exposure, broken down nutrition, etc., in which a low grade of inflammation would be likely to be established. The condition of the legs and of the abdominal walls would indicate that they are the seat of a low grade of inflammatory action. This is not a clear typical case of renal, cardiac, or hepatic dropsy, but it is a complicated case, and one often met with, and one which taxes our ingenuity in assigning to each element its proper place in the production of the symptoms.

Now, as to the treatment. Although the ascites is not excessive, yet, as it is associated with the conditions mentioned, I think it desirable to get rid of it as quickly as possible. I shall use the aspirator to remove the fluid, and thus avoid the use of perturbing medicines. If this operation is carefully done, with a clean instrument, it is devoid of risk, and its simplicity justifies you in resorting to it at an early stage, instead of waiting until the distention is so extreme that life can no longer be prolonged if relief is not afforded.

Internally, I shall give full doses of tincture of nux vomica and tincture of digitalis, ten drops of each, three times a day, and Basham's mixture, each dose containing fifteen drops of the tincture of the chloride of iron, four times a day. If the pleural effusion does not diminish in the course of the coming week, I shall also remove that with the aspirator.

Chronic Interstitial Nephritis, with Epithelioma of the Nose, and Probable Epithelioma of the Stomach.—Our next patient is J. C., æt. 66 years, a native of Ireland and a farmer by occupation. He enjoyed good health until thirteen or fourteen months ago, when he began somewhat suddenly to have attacks of gastralgia. These attacks were somewhat relieved by pressure and the taking of hot drinks. For three months before admission to the hospital he vomited at least once a day. Since admission the attacks of pain have not been so frequent, and the vomiting occurs more rarely. We notice on the side of the nose, an ugly spot which looks very much like epithelioma. The presence of this ulcer with the symptoms mentioned, the loss of flesh, strength, and color, the constipation and vomiting, gave rise to the question whether or not there was an epithelioma of the walls of the stomach? No tumor can be felt in the epigastrium, but while the presence of a tumor is a very valuable sign of malignant disease, yet its absence is not a positive proof against the existence of such a disease. There might be a carcinoma of the upper and posterior surfaces of the stomach, not very extensive, or an epitheliomatous ulcer which the most careful palpation would fail to detect.

When we came to treat the man, we found, in the first place, that the gastric symptoms yielded largely to treatment. The vomiting probably had been the result of coarse and improper food, and possibly of irritating remedies. It was much relieved, although he still vomits every three or four days, particularly when severe spells of pain occur. Secondly, we not only found that the gastric symptoms improved, but also that he gained flesh, although not to an encouraging extent. He has gained in the past few weeks three or four pounds of flesh, which would be unusual if there were malignant disease of the coats of the stomach. At the same time, however, you may be thrown off your guard in such cases. A patient with organic, incurable disease, who has been improperly treated, comes under your care. Under appropriate diet and hygiene, he gains flesh and strength up to a certain point. This represents the result of bad treatment. This may lead you to think that you have erred in diagnosis, but having reached this point, he begins to go down again, showing that the diagnosis was a correct one.

In addition to the gastric trouble, we find that the man has Bright's disease. Albumen is present in abundance in the urine. The quantity of urine varies, and often it is excessive. Its specific gravity varies from 1.008 to 1.013. Hyaline and pale granular casts are seen in abundance in every field. The quantity of urine passed has varied from forty-eight to seventy-five ounces.

This is a case in all probability of chronic interstitial nephritis solely, or possibly mixed with chronic catarrhal nephritis, but with very unusual associated symptoms, which would be

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likely to throw you off your guard if you did not examine the urine in every case. We have in the renal disease one explanation of the anæmia and emaciation which are present. He has never complained of symptoms referable to the kidneys, and it was only after the examination revealed the evidences of renal disease that we learned that micturition had been more frequent than normal.

How far does this interstitial nephritis explain the serious gastric symptoms which are present? There is nothing incompatible between Bright's disease and carcinoma. There is no reason why a person with Bright's disease may not get an epithelioma of the nose or of the stomach. In *post-mortem* examination you will frequently find malignant disease co-existing with the lesions of nephritis. It is probable that in these cases there is no connection between the two conditions. Here, the existence of the renal trouble does not remove our anxiety with reference to the condition of the stomach. This case is an excellent illustration of the principle that we must not always explain the symptoms arising in the course of a chronic disease of some organ as symptoms of that disease. A person with chronic disease of the kidneys, liver, heart, or lungs may develop another disease, the symptoms of which are often referred to the original disease, while they are really dependent upon a second, wholly distinct affection.

Are these gastric symptoms such as are found associated with Bright's disease? They are not. With Bright's disease, we commonly find the symptoms of gastric catarrh. Added to these, we have in the present instance the remarkable development of pain of a paroxysmal character. As between the symptoms of gastric carcinoma and the symptoms of gastric catarrh with neuralgia, I must say, that if it were not for the epithelioma of the nose, I should have no hesitation in saying that the symptoms were more indicative of catarrh with neuralgia, than of epithelioma of the gastric mucous membrane. The one crucial sign of gastric carcinoma, the presence of a tumor, is wanting. If the case were not complicated by Bright's disease, the effect of treatment would demonstrate whether the gastric affection was organic or functional. The presence of this complication, however, renders this test inoperative. We have no way of positively deciding this point except by patient waiting.

ORIGINAL COMMUNICATIONS.

SOME OBSERVATIONS ON THE RELATION OF DWELLING-HOUSE WINDOWS

AND TEMPERATURES TO ACUTE INFLAMMATORY DISEASES.

BY D. BENJAMIN, M.D., CAMDEN, N. J.

WHAT is generally called a cold, is always produced by some change of temperature, with or without moisture, to which a part or the whole of the person has been exposed. In most all cases the change must be from a given temperature to a lower one, in order to produce a cold. One is more apt to take cold if a part and not the entire body be exposed to a low temperature. Dampness adds greatly to the power of a low temperature to produce a cold.

A cold is a disturbance of the circulation of the blood, whereby a part of the body has too little blood in it, and, therefore, some other part has too much.

The part that has too much is said to be congested, and if the congestion is not promptly relieved by treatment inflammation is sure to follow. If in the throat, croup; lungs, pneumonia; bladder, cystitis, etc.

Heat expands everything known to man, and the absence of heat (cold) contracts everything. The human flesh is elastic and contractile, and, therefore, when cold is applied to a part it contracts, holding much less blood (fifty per cent.), consequently some other part must contain more than it should. Moreover, all vital action goes on more slowly in a cold than in a warm temperature, so that by cooling a part its nerve energy and vital force are greatly affected, causing delayed reaction, dangerous reaction, or actual destruction of a part, while the undue blood in some other part of the body lights up inflammation that would not have been called into existence without this stimulus.

Cold, applied to the skin, generally produces congestion of the mucous membranes, because of their similarity of construction, nerve supply, and continuity of structure.

The most healthy temperature for the human body to live in is about 70° Fahr.

In a slowly moving atmosphere at 70° Fahr. a person cannot take cold.

A change of 10° Fahr. is often sufficient to cause one to take cold.

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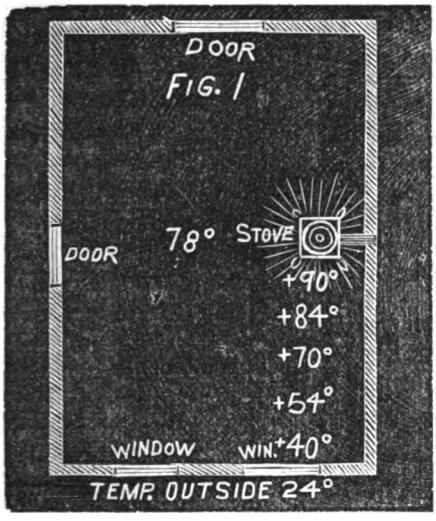
The foregoing are undeniable truths, based on physiology, chemistry, and physics. Their importance, and the practical application of them, especially in the prevention and treatment of diseases of the respiratory organs we will now consider.

A few years ago, I began making some observations and experiments on the circulation and temperature of air in rooms, with results which appear to me to be of practical importance.

The conditions of temperature and circulation of air varies greatly in rooms, especially those that are in use.

Fig. 1 gives results of experiments in a room ten feet high, twelve feet wide, and twenty feet long, with a good stove and steady fire.



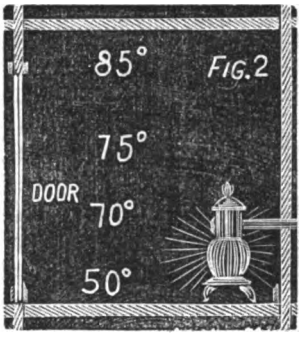
Three-story brick house, south front, twelve rooms, warm cellar. Out-door temperature 24° Fahr. By examination of Fig. 1, it will be seen that when the centre of a room is 78° Fahr., four feet from the window it may be 70° Fahr., one foot from window 54° Fahr., and at window 40° Fahr. (no doors or windows having been opened for thirty minutes), a difference in the room of 38° Fahr.

In Fig. 2, a vertical section of same room, it will be seen that while the head is in 75° Fahr., the feet may be in 50° Fahr. What must be the effect on a person who removes his warm boots and wears slippers, or the one that lies down to sleep on such a floor? Many do these very things, however.

Fig. 3 shows an everyday occurrence among thousands, yes, millions of people. A child, three or four years old, from playing near a stove, or on a nurse's lap, in a temperature of 70° or 80° Fahr., perhaps in a sweat, goes to a window and stands, without any change of clothing or protection, for half an hour or more, in a temperature anywhere from 30° to 55° Fahr. How such a thing can occur without resulting in croup or pneumonia, must be marvelous to any one who studies the subject even casually.

In many instances there is a small crack or opening either under the sash or at the side, and almost always at the junction of the upper and lower sash, where a stream of air is passing into the room almost as cold as the outside air, though it be below zero. Cold air, at a high speed, striking a child directly on bare throat or breast can seldom fail to produce some dreadful disease.

On a very cold day, in some of the frame houses inhabited by poor people with plenty of children and little time to look after them, children may often be found sitting on the



floor in a temperature of 38° Fahr., or standing with nose against window pane at 20° Fahr., when the mother is washing or ironing in 65° Fahr. These people generally have but one fire, and that in a cook stove, that cannot heat the floor at all, with drafts from every room, and especially the stairway.*

In view of the principle already given, it seems to me that this is a striking state of affairs, and perhaps no principles of hygiene are so grossly violated as these. No wonder that the death list in Philadelphia alone in a single year reaches the dreadful sum of one thousand from pneumonia and about four hundred from croup (preventable diseases in most cases). It is also somewhat remarkable that the subject has not before been writ en up in the medical works. The thermometry of hygiene and the sick room is a valuable field for cultivation.

* In churches and theatres the galleries will be 85° to 90° when the floor is 70° Fahr., then the opening of a door or window is very injurious, and going out into the air at 10° or 20° Fahr. also causes a dangerous strain on the system.

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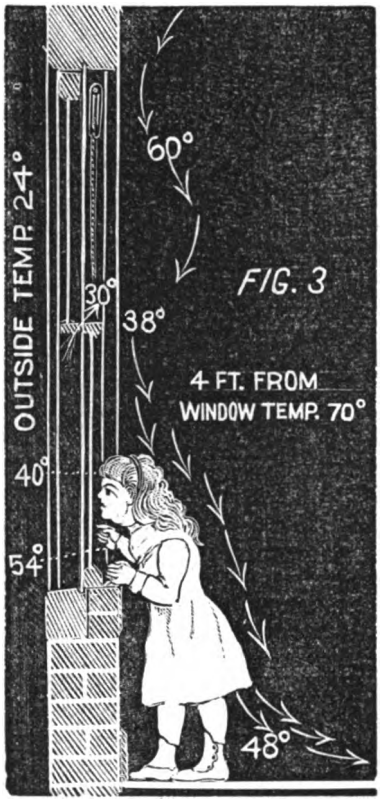
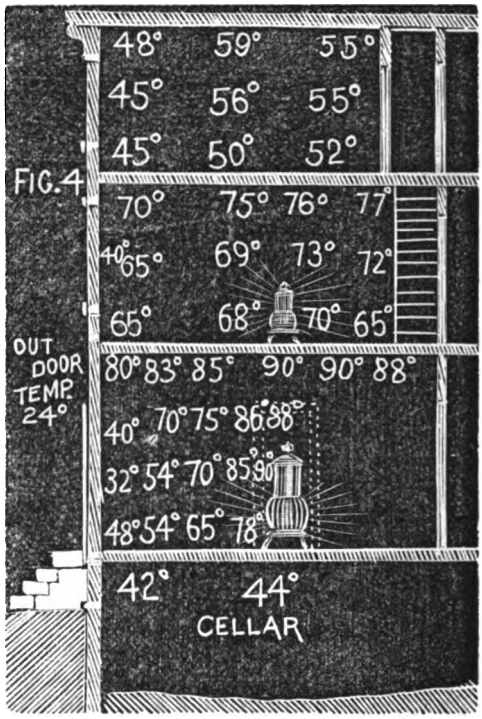
By reference to cuts, it may be seen that it is easy to be exposed in five seconds to a change of 40° Fahr., a circumstance that can never occur out of doors. In open air the temperature is nearly the same from head to foot, and changes much more slowly than in the house. A child gets off the bed and sits on the floor, a change of 10° Fahr., it may be 20° Fahr., or it goes to the window, possibly to scratch in the beautiful frostwork on the glass, a change sometimes of 40° Fahr. This explains why people take cold so much easier in the house than they do outdoors. In fact, I do not believe that people will take cold by habitually going out if they exercise and are properly clothed.



By reference to Fig. 4, it will be seen that when the first floor was as low as 48° and 50° Fahr., the second floor was 65° Fahr., and all the second floor room was of a more even temperature. This is owing, of course, to the cold under the first floor, and the heat 90° Fahr. under the second. It shows why the sick should be, if possible, in the second story, over a room that is heated, and why relapses occur when patients are permitted to come down stairs. The contrast is greater in many instances than shown in the figure, which represents a grade of houses better than the medium.

Most of the foregoing experiments may be performed as follows: Take one and a half dozen thermometers (common Japanned tin cases) set them in water very cold, 33° Fahr., and well stirred, ascertain the difference in the register, if any, and note it by posting a little slip of paper with the correction on it near the top. Then place the thermometers all in water at 120° Fahr., well stirred, and correct as before; then in water at 70° Fahr., and correct. These corrections will render them sufficiently accurate for practical purposes. Lay



six of them across the floor, or better, on blocks one-half an inch high, in a row, equally distant one from the other, extending from wall to wall, then stretch a string or wire across the room, in the same vertical plane as the row of thermometers, and hang another row on it right above the first; stretch another row across in same plane at ceiling. You will then have three horizontal rows and six vertical rows, wait thirty minutes, then read off the temperatures and record them on a piece of paper to represent the vertical section of room. Any number of such sections may be made in a room, and should be made to include windows

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and doors as a main feature. Temperature of windows can very easily be taken by setting or hanging thermometers on the sash.

It is clear, from what has been stated, that to keep well or to treat diseases especially of the respiratory organs, such as pneumonia, croup, pleurisy, bronchitis, coryza, etc., we should keep an even temperature of about 70° Fahr. The thermometer should be on a level with the patient's head and near by; a good way is to hang it on the bedpost at the head of bed, and the mercury should not be allowed to fall below 68° Fahr., or rise above 74° Fahr. If the floor is warm, the whole room can easily be kept so.

A bed should not be against a cold wall. If it cannot be in the middle of the room, it should not be near a window or door, and should always be pulled out from the wall about six inches, so that the cold air, which always descends along a wall, can have room to drop to the floor without flowing over the bed. A great many cases of rheumatism and neuralgia come from sitting near a window.

I have often tried lecturing parents and nurses about the importance of keeping children away from windows, but it is very often impossible to have the instructions obeyed. Windows are very attractive to children, especially when the weather is too severe for them to play out. Any woman's mind would be dreadfully strained who has her housekeeping to attend to if she were compelled to keep her eyes constantly on a number of children, even if she could compel them to obey when detected.

Some years ago I devised a contrivance to protect children from the death-dealing windows in cold weather, which has given me as well as parents much satisfaction. It is simply a fender of metal (they are also made of wood) about three feet high, and extending out from the window about fifteen or twenty inches.*

In some families where I have had these screens arranged to the windows for one or two years, I have reduced the medical attendance very greatly, as my books will show.

In Canada, many of the dwelling-houses have double sash, glass about four or five inches apart, a very good device, and one that diminishes the coal bill also. They are a little unhandy to keep clean.

About two thousand cubic feet of fresh air are needed per hour for each individual in a room, and when no fresh-air registers are provided, can only be supplied through the keyholes and cracks around doors and windows, making necessarily strong and dangerous draughts. The only resource left the physician, therefore, is the making of strenuous efforts to have people keep away from the dangerous places.

Leaving bed-room doors ajar, or windows slightly raised in cold weather, is a very dangerous practice, and, though it may be necessary sometimes, it generally requires more knowledge of sanitary science than is possessed by the masses.

On being called to see a case, I rarely find a thermometer in the sick room; its importance is not realized by the laity (or the profession). If there is one about it is out of doors, or often good for nothing. The amount of ignorance in regard to the thermometer is remarkable. I often find people using one that is broken, and working against the pressure of the atmosphere instead of a vacuum. Once a lady said to me on my second visit: "Doctor, I don't see as that theomiter is any good; I've been a watchin' it and I had to use more coal to keep the room warm than afore I got it; I gist might as well a throwed the money away." Still, I am in the habit of ordering a thermometer with the first prescription, though many would apparently pay five dollars for medicine more freely than

* At my request Mr. C. F. Hollingshead, of the Cooper's Point Iron Works, has prepared some very convenient and ornamental designs.

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twenty-five cents for a thermometer that might save ten times that amount.

No one can tell by his own feelings whether a room is warm or cold, for often you will see two persons contending in the same room, one that it is too warm, and the other that it is too cool. It is obvious that we cannot regulate for invalids or others by our feelings. The only unerring guide is the silent, sensitive little column of mercury.

The more rooms that are kept heated in a house the less drafts will be found. Especially heat the halls, it will not take much more coal, and will avoid forcing your heaters or stoves, and enable you to keep easy fires; keep the cold air from under the house also.

The artificial life of civilization causes greater susceptibility to colds, at the same time that it exposes us to greater changes of temperature, but science enables us, on the other hand, to oppose with some success these pernicious influences. The study of this subject shows not only the varied principles that lie at the foundation of successful practice, but also the importance of the collateral sciences to medical education. And it is believed that even the few suggestions of this paper, if properly applied, would reduce the amount of sickness and death in a large class of diseases.

CHRONIC CONSTIPATION.

BY J. STEPHENSON, M.D.

NOTICING in the February number of THE MEDICAL BULLETIN an article on habitual constipation, I decided that it might prove beneficial to some to give a brief account of my experience with the above-mentioned disease.

When in consequence of constipation in persons of otherwise fair health, hemorrhoids, continual headache, indigestion, etc., exist, I have given, with almost unexceptionable success, the following pills, prepared by most of our leading druggists:—

℞. Aloini . . . gr. ½.
Strychnia . . . gr. $\frac{1}{60}$.
Ext. belladonna . . gr. ⅙.

M. Sig.—One pill three times a day.

I have used this formula for two years in my practice, and have, as yet, to find one case which has not only been relieved, but cured, after from one to three months' use.

In cases characterized by loss of appetite, loss of flesh, nervousness, pain in the bowels after taking food, anæmia, and other conditions indicating inactivity of the liver, I have met with almost universal success with the following combination:—

℞. Fl. ext. cascara sagrada . ʒj.
Fl. ext. senna . . . ʒiss.
Tinct. rhei . . . . ʒss.
Elixir simpl. . . . ad ʒiv.

M. Sig.—One teaspoonful after meals or twice a day, night and morning.

In all cases, either children or adults, in which the feces are characterized by white, pasty conditions, I have found entire success in the phosphate of soda, given after meals.

INSECTS AND FLOWERS; A QUESTION.

BY C. E. MEETKERKE.

NEARLY four years ago a paper was published in Chambers's Journal,* purporting to give a short summary of the discoveries which had been made up to that time by a great many careful inquirers on the subject of insect agency in the fertilization of flowers. Since then the Knight-Darwin theory, as it is called in Germany, has progressed with such a rush in one direction that a reaction is already setting in, and it is now almost beginning to be doubted, not only if cross-fertilization is necessary to the life of plants, but even if it is particularly advantageous to them.

When Sprengel, Knight, Delpino, Müller, and a host of other writers, asserted that the aid of insects was necessary for the complete fertility of plants, and when Charles Darwin undertook his own practical researches on the subject, little doubt was left upon the minds of unprejudiced people as to the intimate relations existing between the animal and vegetable kingdoms. Darwin was supposed to have freed himself from what were held to be the mistakes of Sprengel and the early investigators, but even he had ventured to affirm the general truth of their conclusions before he had himself engaged in any very critical researches. Some contradictions arose, and it was remarked that the records of botanical literature are vitiated by a larger intermixture of falsity and fiction than might be imagined possible in an experimental science.

Sprengel's work was published in 1793, and

* Chambers's Journal, June, 1882.

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in 1862 Darwin wrote his "Fertilization of Orchids," which was enthusiastically received, but which gave rise to the well-founded objection that in most orchids the operation of insect visitors was only indirectly concluded from the structure of the flowers.

"Criticisms near the mark or further from the mark, or even altogether far and away from any mark," only led to the conviction that there is much more in the shape of a petal and the position of a plant-hair than was formerly supposed, and that insects do not merely loiter about brilliant blossoms in idle satisfaction or for necessary sustenance, but that they have a mission to increase the beauty and prolong the life of flowers, and it is added, that so well is this mission understood, that flowers, in their turn, learn to distinguish between profitable and unprofitable visitors, and grow to provide special arrangements for allurement or exclusion. This being stated, we must either allow subtle, secret meanings to color, shape, and all the beautiful, familiar things taken once upon a time for granted—as a part of natural development—one of the forces in the great heaving life sea, or else reject the whole theory as extravagant and mistaken. Going still further, we are told that it is to insects we owe the beauty of our gardens, the sweetness of our fields, and that to them alone flowers are indebted for their very existence, and when we come to this, the most casual inquirer is led to find out what grounds exist for it, how far it is borne out by evidence, and if we are really bound to accept as truth, that should butterflies, flies, and bees be exterminated, the world would no longer know the beauty of flowers.

Fairly to examine the true Knight-Darwin theory, it will be well to learn from their own words to what conclusions these able men arrived as the result of their researches. We shall then be in a position to remark that the rolling stone of a new doctrine, once set in motion, is never in want of a friendly shove. We see how hasty conclusions are made to harmonize with preconceived ideas, and extravagant notions are issued as true coin.

The favorite text of Darwin's interpreters, is his much misapprehended maxim, "Nature abhors perpetual self-fertilization;" and, as if foreseeing that such an axiom might lead to mistakes, he defines his meaning with precision in some introductory remarks to his work on "Cross and Self-Fertilization." These are his words: "In 1862, I summed up my observations on orchids by saying that nature abhors perpetual self-fertilization; if the word perpetual had been omitted, the aphorism would have been false." And in another place: "From my own observations on plants, I became convinced many years ago, that it is a general law of nature that flowers are adapted to be crossed, at least occasionally, by pollen from a distinct plant." This opinion was ratified by Andrew Knight in these words: "In no plant does self-fertilization occur for an unlimited number of generations."

It will be remarked how wide a difference exists between the guarded expressions of these careful inquirers, and the rash law-giving of later writers, who, although working on the lines laid down by Darwin, have assuredly studied only the contrivances which are favorable to cross-fertilization, and neglect to make mention of those facts, so weighty and so numerous, which tell so dead against them. They appear to forget that there are many plants whose pollen is wafted away by the wind, and which are wholly independent of insects. That there are great numbers which are propagated by grafts, buds, layers, bulbs, tubers, and cuttings, besides over thirty natural orders of cleistogamic plants, closed to all comers, and necessarily self-fertilized.

In 1869, Severin Axell divested some hasty conceptions of their one-sidedness, and, besides the facts just mentioned, he drew out a list of plants in which self-fertilization inevitably takes place, mentioning those also which are aquatic, and which, under ordinary circumstances, expand their flowers at the surface of the water, and are cross-fertilized by the wind, but which remain closed when the water is unusually high, and then fertilize themselves, producing seeds which propagate the species.

Even the history of the orchids, that stronghold of insect agency, tends, from recent observations, to show that intercrossing is not so advantageous as it is supposed to be, since many tropical kinds cited as especially adapted for intercrossing, are found to an enormous extent utterly barren, whilst several species which exhibit remarkable adaptations for close fertilization, produce abundance of seed.

This would appear a startling contradiction to Darwin, until it is recollected that with his usual candor, he points out the sterility of many English orchids, and remarks that the bee or-

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phrys is excellently constructed for self-fertilization, and that the fly and spider orchis are never visited by insects.

It is known that a great number of alpine plants grow beyond the height at which they can produce seed, and those growing on mountain pastures generally propagate themselves by bulblets. Many of our own very common plants do not set seed. The horseradish never produces any. The periwinkle spreads largely by runners. The varieties of peas keep true because they are not crossed by insects. The St. John's wort rarely sets seed. Poppies produce plenty of capsules when insects are excluded.

An argument, which may be used either way, is adduced by Darwin, whilst insisting on the greater size and vigor of the offspring of crossed flowers. "It might have been expected," he says, "that the seedlings from plants, the flowers of which were excessively sterile, would have profited in a greater degree by a cross, than the seedlings from plants which were moderately or fully self-fertile, and, therefore, had no need to be crossed; but no such results followed." He also admits that there are no signs of degeneracy in the bee or other self-fertilized orchids, and that they are all vigorous growers.

The assertion that brilliant hues and full cups are designed as allurements to insects is abundantly contradicted by foreign botanists, who describe plants with conspicuously beautiful flowers, which are as much adapted to secure self-fertilization as others are for crossing, and many of our own native flowers secreting much nectar and producing much pollen, are wholly disregarded by butterflies, flies, and bees.

That color variation is wholly attributable to insects is exceedingly doubtful, and that all the brilliant colors descended from the primeval yellow are due to their selective agency is so evidently a fallacious doctrine that very few words will be required to refute it. The doctrine is this, that the colors of flowers are intended to attract insects, and that certain colors are definitely intended to attract certain kinds of insects.

That flowers which lay themselves open for fertilization by miscellaneous small flies are white; those which depend on beetles are yellow. Butterflies prefer red, lilac, or blue; and bees, blue; blue flowers being, as a rule, specialized for fertilization by bees.

One of our recent poetic botanists asserts that as the bee flowers grew bluer, the bees must have grown fonder and fonder of blue, and, as they grew fonder of blue, they must have more and more constantly preferred the bluest flowers.

Thus the special tastes of insects are supposed to be the selective agency for developing white, pink, red, purple, and blue petals from the original yellow ones. But, we cannot help asking, how could insects exercise any selective agency unless the petals had first shown any tendency to vary? We find no satisfactory answer to this question; but we have the following facts before us, which speak for themselves.

The pigments of colored petals are stored in the ordinary tissues of the plant, and a very small number is required to produce a seemingly endless variety.

The colored substances are in many cases the same as those left in the foliage from which chlorophyll has disappeared; so that bright petals are often exactly like leaves which have turned yellow and red in autumn, or the very red and yellow leaves of early spring.

White, which is the dress of so many flowers, is due simply to the reflection of light through colorless air-filled cells and tissues.

Black spots on flower or seeds, as, for example, on the garden bean, owe their origin merely to a concentration of dense violet pigment; and the blackness of so many berries is produced in the same way, by violet thickly heaped on in patches, which become, therefore, impenetrable to light. The apparently black berries of deadly nightshade contain a splendid violet, easily soluble in water and alcohol; with acid it becomes a purplish red, and, with ammonia, green. Setting aside chlorophyll green, which is only exceptionally a flower color, the remaining pigments are yellow, red, and blue; the two latter exist in the cell sap. Yellow is identical with the substance which, in the animal kingdom, goes under the name of lipochrome; and the color of the rind of an orange is due to the same pigment as is found in the yellow of the buttercup. It is only a denser deposit of it. The red of roses, pinks, and poppies is due to a single pigment; it is just a matter of difference in intensity. It may be affected by the presence of an acid in the cells, and, sometimes, by the addition of a small quantity of lipochrome; not that a mixture of the two colors

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takes place in the cells, but that rose-red in the sap and yellow in the protoplasm, found together in scarlet flowers, present just such a combination to our eyes, as when we set a red glass and a yellow one side by side, we see before us a mixture of the two colors.

By diminishing exposure to light, a complete alteration can be produced in the relative amount of coloring matter, although no invariable rule can be laid down as to its influence, since some flowers retain their color in darkness, whilst others lose it. Indeed, it has been affirmed that flowers produce their intensest colors in the dark, even if the whole plant is kept in the dark, but in such cases there can be no production of chlorophyll green. It may be mentioned that chlorophyll green is always accompanied by chlorophyll yellow, which is much less sensitive to light, and remains after the disappearance of the green.

It is well-known that soil has an immense influence on color, insomuch that many variations can be produced at will, and the mere transplantation of a plant will alter its color. Much care has to be taken as to the material in which tulips and other florist's flowers are grown, since if they should be too highly nourished they are apt to lose their distinctive stripes to which they owe their marketable value. These brilliant stripes are due to bad variation, and it may be noticed incidentally that when branches become variegated by bad variation, and the variety is attempted to be propagated by seed, the seedlings are rarely variegated. Bad variation is much surer and more powerful than any change that can be effected by the crossing of flowers. Even a leaf inserted by its footstall into the bark of the stock, is sufficient to communicate variation to it, although the leaf soon perishes. Gärbner relates that branches of white and dark-fruited vines, which were split longitudinally and then joined, produced distinct bunches of grapes of the two colors, and other bunches with berries either striped or of an intermediate or new tint. Darwin alludes to this and observes, "These facts are the more remarkable because Andrew Knight never succeeded in raising variegated grapes by fertilizing white kinds by pollen of dark kinds." He also draws from this and similar cases, the highly important physiological fact that the elements which go to the production of a new being are not necessarily formed by the male and female organs. They are present in the cellular tissue in such a state that they can unite without such aid.

That insects, attracted by conspicuous petals, or from a distance by scent, always presupposing that they are possessed of similar organs to our own, may have influence in the maintenance of colored species is not denied, for that would be to impair the rational doctrine of the survival of the fittest.

The cultivator who carries out a like selection corroborates its wisdom, but he does not depend alone on choice, and is well aware that he must make use of the many other means to attain his end. It is quite admitted that to the horticulturist the value of intercrossing is great. He may obtain finer flowers, to fetch a higher price, but it is much more than doubtful if in the bare struggle for existence, the help of insects is indispensable; on the contrary, such absolute dependence on external agency must naturally be as much a source of hindrance as a want of self reliance is to a man who desires to get on in his struggle for life.

The question is this, Is cross-fertilization actually necessary for the perpetuation of plants, or is it even so desirable as we are told that it is, and is color in flowers a mere expedient for getting themselves cross-fertilized? We know that brilliant hues undoubtedly exist, when, so far as we can see, they confer no benefit on their possessor; that some flowers are at their brightest when fertilization is over, and that there are large families which are wholly independent of insects, and yet show no signs of degeneration or extinction.

There is still another question, Is the development of beauty of no account in the plan of the universe? It is now distinctly stated that gay colors in fruit and flowers serve solely as guides to birds and beasts, in order that the fruit may be devoured and the seeds disseminated, and that it is a fallacious opinion that mere beauty and variety are objects in nature; but if such be the case, we must also give a reason for the rich attire of clouds, the harmonies of woodland shades, the sparkle of the streams, no less than for "the flower inwoven mantle of the earth."

These utilitarian theorists, however, have not yet taken all the world by storm; there still exist careful observers who do not hesitate to believe in—

"Uselessness divinest
Of a use the finest,"

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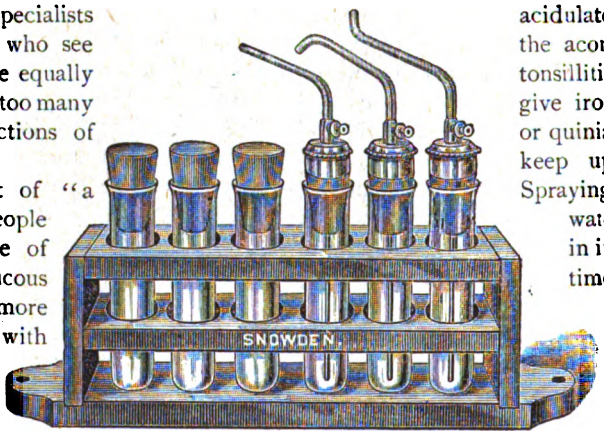
who see that the veil is not yet lifted, and who acknowledge that the greatest wizard is the man who best knows the secrets of the vegetable world.

PHARYNGEAL MALADIES.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

THE result of my experience, which covers now many years, is that pharyngeal disorders are almost always only skin deep. With a fondness for music, I have been thrown into contact with musical people very closely, and many good, bad, and indifferent singers are found amongst my patients. As might be expected, a good many "sore throats" come under my notice, and I have found the treatment of these to be not nearly so difficult as might be inferred from the lucubrations of specialists in like affections, who see diphtheria or some equally malign disorder in too many really trivial affections of the throat.



The first result of "a cold" in many people is a relaxed state of the pharyngeal mucous coat, and this is more or less associated with congestion, which, running on unchecked, eventuates in an inflammatory attack—it may be pharyngitis, tonsillitis, or, running downward, laryngitis. Two things I here find good, a cinchona tonic and a local astringent. The first may be elixir of calisaya or tinct. cinchona comp.; the latter is varied according to circumstances. In mere relaxation, I use alum and gallic acid, twenty grains of the first to ten of the latter, in water, applied by spraying. If the throat is dry, I then use fluid extract jaborandi, two fluid drachms to an ounce of camphor water similarly applied. The routine use of silver salts in such cases is, to my mind, bad, perpetuating chronic pharyngitis instead of curing it. I do not take much stock in inhalations, that is by breathing from a teapot of hot water with a little balsam or tincture of this, that, or the other in it, most of which vaporize enough to be odoriferous only. The ethers *do* sensibly vaporize in a respirator, but a few compounds alone are serviceable, whereas atomization is always efficient. My favorite instrument is Snowden's "perfected" atomizer, and lately he has greatly improved the article by substituting a set of small tubes, in lieu of one bottle, each of which may contain a distinct medicament.* The range of topical remedies is thus enlarged to simplify office treatment especially, and the set of remedies is quite portable for out-door work. The illustration explains itself, the atomizing tube being adjustable to either vial, and the others being firmly secured by rubber corks.

In acute congestion, I don't like potassic chlorate, now so freely used—I prefer cold wraps externally and aconite internally in minute doses. Neither has guaiac done much for me. If the case threatens quinsy or extensive local swelling I add *hot* water gargles, acidulated with vinegar, and the aconite is pushed. If tonsillitis is established, I give iron and cinchonidia or quinia in full doses, and keep up cold externally. Spraying *forcibly* with *hot* water is generally happy in its results, and sometimes a few good hungry leeches will modify matters if consulted early.

The galvano-cautery has lately been much vaunted in denuding the pharynx in diphtheria, but I have as yet no experience in that line. I do know, however, that a mild galvanic current applied under the angle of the jaw will, if continued long enough, greatly relieve the pain of any throat trouble. Barrett's chloride of silver battery is a good instrument to use in such cases, as the work must be left largely to the nurse, who can readily manipulate this apparatus from its simplicity, and it is always in order, unless gross carelessness be shown. The battery can be seen at Mr. Snowden's establishment, and it is worth the consideration particularly of general practitioners, who require something not eternally breaking down.

Electricity is also serviceable in aphonia, following acute pharyngitis, which is more or less

* William Snowden, Surgical Instruments, 7 South Eleventh Street, Philadelphia.

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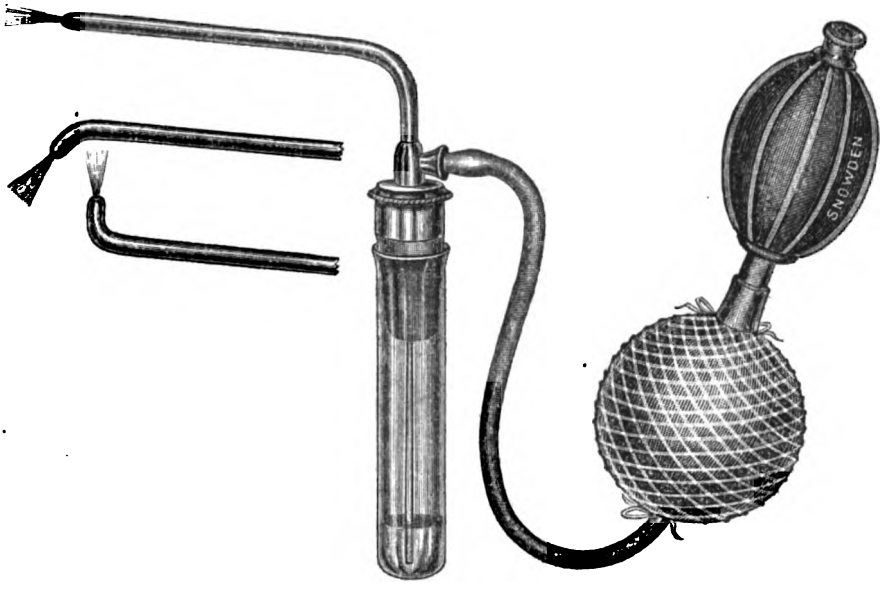
pronounced, or laryngitis. In all cases galvanism has acted well, but in severe instances the secondary current from the Queen's* Toepler-Holtz machine is just what we want, and the voice has returned after a few applications in some of my cases, where other means, persistently employed, had failed. I shall have more to say on this point shortly.

If the trouble extends down to the larynx, I generally give a few doses of calomel along with the aconite and external cold. Here, particularly, the spray is needed, for, by ordinary inspiration on the part of the patient, the



remedy can be drawn without discomfort into the trachea. Although the downward jet is, of course, preferable, the ordinary straightforward one will answer on a pinch. It is better to have the three tubes—upward, downward, and forward—all of which are adjustable to the old and new styles made by the gentleman named.

In post-nasal catarrh the atomizer is very efficient. I have seen no reason to change the views expressed in a paper on this disorder published some years ago,† so far as simplicity of treatment goes, except to admit the value of these atomizers, and to commend the Burgess Air Compressor for office work. I rarely use the douche or syringe now, the dull curette answering to remove excessive granulations, and the atomizer doing the rest.

Bromide of sodium or of lithium are favorites with me in irritable pharynx, and to the solution I frequently add belladonna or morphia. A hot infusion of lobelia also acts nicely in spasmodic affections, and the atomization of the latter has aborted more than one attack of asthma in my hands.

My object is to urge the value of spraying over gargles, which do not reach the vault of the pharynx, and to note the value of atomization early in disorders of the throat. I do not use many drugs, and my readers, no doubt, have their favorites. Try these topically and save the stomach. The whole tract, nasal and pharyngeal, can be reached through spraying by any one, whilst an expert only can successfully employ the array of instruments presumably required.

246 North Twentieth Street,
Philadelphia, Pa.

* 928 Chestnut Street, Philadelphia.

† The Treatment of Post-Nasal Catarrh, Proceedings Philadelphia County Medical Society, vol. ii.

We advise our patrons to watch the advertising pages of each issue of The Bulletin, and thus keep posted on the new things in medicine as they appear.

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SELECTED ARTICLE.

LANOLIN: ITS USE IN THE TREATMENT OF DISEASES OF THE SKIN.

BY JOHN V. SHOEMAKER, A.M., M D.

MY attention was attracted not long since to an able and exhaustive address delivered by Professor Oscar Liebreich, on lanolin as a new basis for ointments. The investigations of this eminent chemist and physician clearly showed that he had produced a cholesterine fat far superior in its action on the skin to either glycerine fats or mineral oils. In the course of his investigations with this substance, in showing its great absorptive action when applied to the skin and in contrasting its utility especially with mineral fats or petroleum products, he claims well-founded, as he terms them, objections to the employment of the latter as a basis for ointments. Let me in this connection quote these objections side by side with my own, which were made after careful investigation some years ago, especially upon vaseline and cosmoline as basis for ointments:—

LIEBREICH'S INVESTIGATIONS ON THE ACTION OF MINERAL FATS.*

"Quite apart from the fact that the absorption of medicaments when mixed with pure fat is but imperfectly effected, fat-ointments are subjected to decomposition which may lead to irritation of the skin. It is true that vaseline does not decompose, but it prevents the entrance of medicaments into the skin, so that even poisonous substances when mixed with vaseline and rubbed into the skin produced neither local nor constitutional symptoms of poisoning."

MY OWN INVESTIGATIONS ON THE ACTION OF MINERAL FATS, REPORTED IN 1882,† 1884,‡ and 1885.§

"Petroleum products, vaseline, cosmoline, etc., possess feebler power to penetrate the skin, if any at all, than animal fats, which have more affinity for the integument. Their absorptive power for penetrating action into the skin is so feeble as to almost cause them to be excluded as such. Irritant ointments of veratria and other substances which I had made respectively of vaseline, cosmoline, and of simple cerate, manifested themselves in the former two preparations as almost inert, while the activity of that made with simple cerate very soon became evident. Further, the petroleum products retain some stimulating constituent left after their manufacture.

It will be seen both from Liebreich's experiments and conclusions as well as my own, that the substance employed as a basis for ointments should possess the power of penetrating the integument and in not irritating it. Liebreich has therefore succeeded by his investigations in producing an agent as a basis for ointments, which not only possesses this absorptive action that is so necessary, and that he can justly claim for lanolin, but by its neutrality its own decomposition is out of the question, and consequently it will not irritate the skin. It is a substance, which, from these valuable qualities, I regard as even superior to lard, the hitherto most acceptable basis for all ointments. Lanolin, Liebreich states, has its origin in keratinous tissue, and is manufactured chiefly from wool, by "transforming the wool fat into a milk, and then subjecting it to a centrifugal action." By this process, he further adds, "a thin milk and cream are obtained, just as when milk is subjected to centrifugal action, and the cream contains lanolin in a pure condition. More than one hundred per cent. of water can be kneaded with it, the result being a yellow, very plastic ointment." Through Baker & Co., of Philadelphia, I obtained by importation a quantity of lanolin, with which I have now conducted very many experiments, with good results and the greatest satisfaction. It is an ointment having a yellowish color and a very slight woolly smell, or an odor similar to that of new cloth, which is barely noticeable, and is not the least unpleasant. It is neutral in reaction, and has the consistency of ordinary citrine ointment, which it has very much the appearance of, and is soft, smooth, and slightly tenacious. On applying it to the skin with slight friction, it rapidly disappears. It is only decomposed, as it is claimed, with great difficulty, and it readily combines with other fats, oils, and glycerine, forming many most excellent ointments and liniments.

Therapeutic experiments with it, more particularly in my clinic at the Hospital for Skin Diseases, have demonstrated the rapidity with which it is absorbed and well borne by the skin. Cases having eruptions on various parts of the body had lanolin ointment used on one portion, lard ointment on another, and petroleum ointment on still another. The effects of the application of these bases were strikingly different upon the same subject and in the majority of cases. The lanolin was found to be rubbed in with ease, the absorption being rapid and the medicament held in suspension, and in contrast with the drug in the other ointments to be more decided in its impression upon the

* British Medical Journal, January 16, 1886.

† Transactions of the Medical Society of the State of Pennsylvania, vol. xiv., p. 129.

‡ See paper on the Oleates, read before the Section of Pharmacology and Therapeutics at the fifty-second annual meeting of the British Medical Association, in the British Medical Journal, October 18, 1884, pp. 749–754.

§ The Oleates; an Investigation into their Nature and Action, pp. 58–62.

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parts. For example, the employment on the skin of a five per cent. carbolic lanolin ointment, and the same quantity in lard and in cosmoline, produced rapidly in the former a numb sensation, less marked in the lard ointment and even less so, or almost an absence of effect in that of the cosmoline ointment. The experiments so far conducted show that lanolin requires much less for an application for an effect, and, therefore, it is particularly economical as a basis for ointments. Again, the slight tenaciousness of the ointment fulfils a most valuable purpose in keeping it in contact with the skin. This property prevents it from greasing up the surrounding parts, or from running off, which it rarely may, even when the integument is most highly inflamed.

The following formulæ are appended as instances of the use of lanolin in my experience of the diseases named :—

℞. Zinci oleatis . . . . ℈j.
Lanolini . . . . ʒiv.—M.

For acute eczema, rosacea, and acne.

℞. Potassii iodidi . . . ʒss.
Lanolini . . . . ʒiv.—M.

For scrofuloderma and scars.

℞. Plumbi oleatis . . . gr. v.
Lanolini . . . . ʒj.—M.

For erythema, acute eczema, and sycosis.

℞. Naphtholi . . . . gr. x.
Lanolini . . . . ʒij.—M.

For scabies, lousiness, and chronic eczema.

℞. Chrysarobini . . . gr. xv.
Lanolini . . . . ʒij.—M.

For psoriasis, tinea versicolor, and acne vulgaris.

℞. Olei cadini . . . . ʒj.
Lanolini . . . . ʒiv.—M.

For chronic eczema and psoriasis.

℞. Cupri oleatis . . . gr. x.
Lanolini . . . . ʒiv.—M.

For ringworm, favus, and tinea versicolor.

℞. Acidi carbolici . . . gtt. ij.
Lanolini . . . . ʒj.—M.

For epithelioma, lupus, and common ulcers.

℞. Acidi salicylici . . . ʒss.
Balsam peruviani . . . ʒss.
Lanolini . . . . ℥ss.—M.

For fissured eczema of the hands and feet especially.

℞. Arsenici oleatis . . gr. v–x.
Zinci chloridi . . . gr. v.
Pulv. marantæ . . . ʒss.
Ext. belladonnæ . . gr. v.
Ext. opii . . . . gr. x.
Lanolini . . . . ℥ss.—M.

For epithelioma, lupus, and old ulcers.

℞. Ferri oleatis . . . . ʒss.
Lanolini . . . . ℥ss.—M.

For arsenical sores and old ulcers.

℞. Boro-glyceridæ (50 per cent. solution)
Lanolini . . . . āā ℥ss.—M.

For scrotal and anal eczema; also eczema of the nose and ears, sycosis, and dermatitis.

℞. Ungt. hydrargyri oleatis
Olei ergotæ
Lanolini . . . . āā ℥ss.—M.

For alopecia.

℞. Acidi boracici . . . ʒss.
Lanolini . . . . . ℥ss.—M.

For ringworm, seborrhœa, and bromidrosis.

℞. Hydrastis . . . . gr. iv.
Lanolini . . . . ʒij.—M.

For seborrhœa, subacute eczema, and hyperidrosis.

℞. Lac sulphuris . . . ʒss.
Thymol . . . . gtt. iij.
Zinci oleatis . . . ℈j.
Lanolini . . . . ℥ss.—M.

For acne rosacea and sycosis.

℞. Plumbi carbonatis . . ʒss.
Ext. erythroxyli cocoæ . . ʒss.
Lanolini . . . . ℥ss.—M.

For acute eczema, erysipelas, and herpes.

℞. Ext. belladonnæ . . . gr. x.
Ext. arnicæ . . . . ℈j.
Morph. sulph. . . . gr. ij.
Lanolini . . . . ℥ss.—M.

For furuncular affections, herpes zoster, and impetigo.

℞. Hydrargyri chlor. corros. . gr. ij.
Lanolini . . . . ʒij.—M.

For syphilitic affections, lupus, and alopecia.

℞. Ext. conii . . . . gr. x.
Naphtholi . . . . gr. x.
Olei camphoræ . . . gtt. v.
Lanolini . . . . ℥ss.—M.

For paræsthesia and all irritable conditions of the integument.—*Med. and Surg. Reporter*, April 3, 1886.

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HOSPITAL REPORTS.

HOPITAL FRANCAIS A LONDRES.

UNDER THE CARE OF DR. A. VINTRAS.

[Reported by ALFRED S. GUBB, L.R.C.P., M.R.C.S.]

Case of Uterine Polypus.—Lucie K—, æt. 47, housekeeper, had been suffering from uterine hemorrhage, more or less profuse, occurring at irregular but frequent intervals for five or six years past, which she attributed to the effect of the "change." The hemorrhage was sometimes accompanied by pain in the pelvis, generally of an aching character, with a feeling of dragging and weight in the parts. She had been treated for these symptoms, but without experiencing either temporary or permanent relief. No vaginal examination had been made according to the patient's statement. One day, while lifting a heavy object, she suddenly felt "as if something had snapped in her inside," and this was immediately followed by such pain and distress that it was only with difficulty she could be brought to the hospital. On examination *per vaginam*, a mass was felt low down, which felt something like an enlarged and prolapsed cervix uteri. On pressing the mass upwards, it suddenly went back, with immediate relief to the pain. The next day a further examination, with the patient in bed, revealed the real nature of the growth, which was found to be hard, smooth, movable, and attached to the cervix by a distinct pedicle. It was removed by Mr. Keser without difficulty, by means of the chain écraseur, and proved to be a fibroid polypus, pyriform in shape, about the size of the fist. The cervix appeared healthy and the uterus freely movable. The operation was unaccompanied by pain, and the patient was up and about in the course of a week. No recurrence of the pain or hemorrhage has taken place, and the patient has quite recovered from her anæmic and debilitated condition prior to the operation.

This case is an instance of the necessity for instituting a vaginal examination whenever hemorrhage, either great in quantity or irregular in its occurrence, is a prominent symptom. Had this been done in this case, the patient might have been spared many years of suffering and ill health.

IT will pay you to advertise in THE MEDICAL BULLETIN.

THERAPEUTIC NOTES.

ASTHMA.

A writer in the Provincial Medical Journal has obtained excellent results in asthma from—

℞. Tinct. lobelia . . . ℥ss.
Tinct. stramonii . . . ʒss.
Tinct. hyoscyami . . . ʒij.
Spts. chloroformi . . . ℥ss.
Aqua . . . q. s. ad. ℥viij.

M. Sig.—Tablespoonful every half hour until relieved.

The same writer recommends the following combination in whooping-cough:—

℞. Acet. lobelia . . . ʒij.
Acet. ipecac. . . . ʒij.
Potassii bromidi . . gr. xxiv.
Ess. anisi . . . ♏xx.
Syr. pruni virginiana . ℥j.
Aqua . . . . ℥ij.

M. Sig.—One teaspoonful every two hours.

INCONTINENCE OF URINE.

℞. Tinct. nucis vomicæ . . ♏xxiv.
Tinct. belladonnæ . . ♏xij.
Ext. rhus aromatica . . fʒj.

M. Sig.—Thirty drops in water three times a day.

SECONDARY SYPHILIS.

Professor Bartholow frequently orders—

℞. Hydrarg. protiodidi . . gr. iv.
Ext. belladonnæ . . . gr. j.

M. Ft. pilulæ No. xvi.
Sig.—One pill four times a day.

OTITIS.

℞. Tinct. bryonia alba . . ʒss.
Morphia sulphatis . . gr. ss.
Spts. ætheris nitrosi . . ℥ij.

M. Sig.—One teaspoonful in water every three hours.

CHRONIC BRONCHITIS.

Dr. C. W. Suckling (British Medical Journal) frequently orders—

℞. Ammonii carb. . . . ʒss.
Tinct. scillæ . . . . ʒiiss.
Tinct. opii camphorata . ʒiiss.
Infus. senegæ . . . ℥v.

M. Sig.—One tablespoonful every four hours in water.

ORCHITIS.

℞. Tinct. pulsatilla . . . ʒss.
Vini colchici rad. . . . ʒiiss.
Ext. phytolacca . . . fʒv.

M. Sig.—Half teaspoonful in water every four hours.

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INFANTILE DIARRHŒA.

℞. Sodii bicarb. . . . . ʒj.
Tinct. opii deod. . . . ♏x.
Tinct. cinchonæ comp. . . ʒj.
Syr. zingiberi . . . ʒj.
M. Sig.—Half teaspoonful in water every three hours.

JANEWAY'S LAXATIVE PILLS.

℞. Ext. belladonnæ . . gr. iij.
Ext. nucis vomicæ . . gr. iij.
Resinæ podophylli . . gr. vj.
Aloes socot. . . . gr. xij.
M. Ft. pilulæ No. xii.
Sig.—One pill every night.

NOCTURNAL EMISSIONS.

℞. Ext. aloes . . . gr. iij.
Ext. belladonnæ. . . gr. ij.
Ext. hyoscyami . . gr. iv.
Pulv. camphoræ . . gr. xxiv.
M. Ft. pilulæ No. xii.
Sig.—One pill every night.

HEMORRHOIDS.

℞. Ext. belladonnæ . . . gr. v.
Acidi carbolici . . . gr. x.
Plumbi acetatis . . . ʒij.
Cerat simp. . . . . ʒvj.
M. Ft. Ungt.
Sig.—Apply night and morning.

HAIR TONIC.

℞ Ol. verbena . . . . ♏v.
Tinct. capsici . . . . ʒss.
Tinct. cantharidès . . . ʒss.
Tinct. eucalypti . . . ʒij.
Spts. vini gallici . . . ʒij.
Aqua . . . . . ʒvj.
M. Sig.—Rub a small quantity into the scalp every morning.

OVARIAN NEURALGIA.

℞. Tinct. digitalis . . . ʒj.
Tinct. gelsemii . . . ʒss.
Potassii bromidi . . . ʒss.
Aqua . . . . . ʒvj.
M. Sig.—Tablespoonful in water every three hours.

ANÆMIA.

Professor Bartholow considers the best treatment of anæmia to consist in the administration of from five to ten minims of nux vomica before meals, and one drachm of the following combination after meals:—

℞. Mass. ferri carb. . . . ʒss.
Liq. potassii arsenitis . . ʒiss.
Syrupi simp. . . . . ʒiv.
M.

CROUP.

℞. Tinct. aconiti rad. . . ♏xij.
Tinct. sanguinaria . . ʒj.
Spts. ætheris nitrosi . . ʒj.
M. Sig.—Thirty drops in water every half-hour.

FERMENTATIVE DYSPEPSIA.

℞. Creasoti . . . . ʒss.
Glycerini . . . . ʒss.
Vini pepsini . . . . ʒiiss.
M. Sig.—One teaspoonful after meals.

INFANTILE BRONCHITIS.

Dr. J. Lewis Smith (Archives of Pediatrics) recommends—

℞. Ammonii muriat. . . . ʒj.
Syr. tolu . . . . . ʒij.
M. Sig.—Fifteen drops every hour to an infant three months old, and thirty drops to an infant six months old.

Also—

℞. Quinia sulphatis . . gr. xij.
Ext. glycyrrhiza . . ʒss.
Syr. pruni virginiani . . ʒij.
M. Sig.—Thirty drops every four hours.

BELLADONNA INHALATION IN ACUTE BRONCHITIS.

Mr. N. E. Davies (British Medical Journal) says: In acute bronchitis, I believe the dyspnœa is caused more by the contraction of the muscular tissue of the air-cells due to the irritation caused by the bronchial inflammation, than by the viscid mucus secreted; and, acting on this belief in a case I had occasion to treat a few days ago, where the dyspnœa seemed likely to terminate life, I gave a grain of extract of belladonna in half an ounce of water, by means of a Dr. Siegel's inhaler. After the patient had inhaled this solution for a few minutes, the breathing became quiet and easy; and before the half ounce was exhausted, the patient was asleep. By repeating this remedy every few hours, with a stimulating system of treatment by the mouth, the patient, an old lady aged seventy five, soon passed the dangerous stage, and is now recovering.

I have often used this method of treatment in asthma with magical effect, and can strongly recommend its trial in the early stage of acute bronchitis, as I have found it marvellously successful. It has the advantage of the ordinary bronchitis-kettle, that it moistens the air of the sick-room, and administers a powerful remedy at the same time.

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DYSENTERY.

It seems strange to me that hot water injections, so much and so freely used in uterine and pelvic congestions with good results, should be discarded in dysentery. Tenesmus is the most painful and troublesome symptom of the disease, and I can testify to the rapidity of relief by the use of hot water (110° Fahr.) injections. They are painful while applied, but the relief is immediate and permanent. If there is much hemorrhage, alum, tannin, or Monsel's solution can be added to the water.—W. ST., Hearne, Tex.

HEMORRHOIDS.

Dr. Q. C. Smith (Gaillard's Medical Journal) has obtained excellent results from the following ointment in several cases of hemorrhoids:—

℞. Iodoform
Balsam Peru
Oil of camphor
Oil of sassafras . . . āā ʒss.
Pine tar
Castor oil
Powdered aloes . . . āā ʒj.
Subnitrate of bismuth enough to make a stiff salve.

M. Sig.—Apply thoroughly twice a day, and cover with a soft cloth.

Before applying the salve each time, the parts were well washed with the syringe, soapsuds from Packer's tar soap, as hot as could be borne, being employed for the purpose.

Dr. Smith also gives internally—

℞. Fl. ext. witch-hazel . . ʒss.
Sat. tinct. horse-chestnut . ʒj.
Muriate of ammonia . . ʒj.
Glycerine . . . ad ʒiv.

M. Sig.—A teaspoonful three times a day, just after meals, on alternate days.

℞. Muriate of hydrastin . gr. xxiv.
Ergotin . . . . gr. xij.
Ext. capsicum
Ext. ipecac.
Aloin . . . . āā gr. vj.

M.—Make twenty-four pills and silver-coat.

Sig.—One pill three times a day, just after meals, on alternate days.

COLIC.

℞. Ol. menth. pip. . . . ʒss.
Morphia sulphatis . . gr. j.
Tinct. belladonnæ . . ♏xxiv.
Spts. chloroformi . . ʒj.
Spts. frumenti . . . ʒx.

M. Sig.—One teaspoonful every half hour until relief is obtained.

MENORRHAGIA.

℞. Strychnia sulphatis . . gr. ss.
Ext. gossypii . . . fʒiv.
Ext. hamamelis . . . fʒiv.
Tinct. colombo . . . ʒj.

M. Sig.—One teaspoonful every four hours.

USEFUL FORMULÆ.

The following formulæ have been used by me for the last three years with uniformly successful results. In the chlorosis of young girls, in all forms of simple anæmia, in amenorrhœa due to anæmia, and in the nervous debility and neuralgias dependent on an anæmic condition, I have never seen a drug, or combination of drugs or chemicals, equal to those given below for rapidly increasing the number of red blood globules, and bringing the roses to the cheeks of the pale and chlorotic—

℞. Strychnia sulphatis . . gr. j.
Sodii arseniatis . . gr. v.
Hydrarg. bichloridi . . gr. viij.
Potassii carb.
Ferri sulph. . . . āā ʒij.

Fiat pil. No. cxx.

One pill for a dose three or four times a day after meals.

Where the patient has an aversion for pills, as many have, particularly in such a quantity and for such a length of time, I prescribe as a substitute the following mixture:—

℞. Hydrarg. bichlor. . . gr. iss.
Sodii arseniat. . . . gr. iij.
Strychniæ sulph. . . gr. j.
Vini ferri amara . . fʒxvj.

M. Sig.—Take a small tablespoonful in water after each meal.

Of course, existing errors of digestion must first be corrected, in order that the remedies may be assimilated, after which I can vouch for their efficacy. It will be observed that the pill formula is a modification of the justly celebrated Blaud's pill, but the additional ingredients certainly greatly improve on it. The mixture formula is modified from one in use containing liquor potassii arsenitis and tincture nux vomica, but on account of the varying strength and unreliability of these two preparations, the sulphate of strychnia and arseniate of soda were substituted with advantage. The bichloride of mercury in both formulæ aside from its recognized efficiency in the conditions indicated, is valuable in counteracting the constipation produced by prolonged use of iron.—G. H. KIRWAN, M.D., *Medical and Surgical Reporter*.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, May, 1886.

PROFESSOR WM. H. PANCOAST.

THE retirement of Professor William H. Pancoast, from the Chair of Anatomy of Jefferson Medical College, will be a subject of universal regret among the Alumni and friends of that renowned institution. Professor Pancoast has been connected with Jefferson Medical College for twenty-seven years; being Demonstrator of Anatomy for fourteen years, Adjunct Professor of Anatomy for two years, and Professor of Anatomy for eleven years. During all that time he labored energetically and faithfully to advance the interests of his classes. The anatomy which he taught was not a dead, useless anatomy, but the anatomy which is invaluable and indispensable to the physician and surgeon in everyday practice. His success as a teacher is engraved upon the minds of his thousands of students, thirteen of whom are now Professors of Anatomy in various medical colleges throughout the United States.

Apart from Professor Pancoast's ability as a teacher and a lecturer, there was a magnetism in his voice and appearance which crowded his lectures and clinics with students and practitioners. Eloquent in address, affable in conversation, courteous in manner, amiable in disposition, and magnanimous in character, he never failed to respond to the call of a student in distress or anxiety, and never used his exalted position to wound the feelings or trespass upon the rights of any of his professional brethren.

Professor Pancoast retires from his arduous duties as a lecturer with the esteem and admiration of all who have known him. The class of 1886 have had his portrait painted life-size and presented to Jefferson College, as a token of their appreciation of his labors as a teacher, and their esteem and admiration for him as a counselor and a friend.

Professor Pancoast's retirement from the Chair of Anatomy does not imply an abandonment of his interest in that fundamental branch of medical science. He is President of the Section of Anatomy in the Ninth International Medical Congress, to be held in Washington in 1887, and he intends to devote whatever time he can spare from his extensive surgical practice to this and other important professional matters in which he is interested.

THE USE AND MISUSE OF ERGOT IN OBSTETRICAL PRACTICE.

THE misuse of a remedy is not an argument against its proper use, but it is undeniable that irreparable harm has been occasioned by the misuse of ergot in obstetric practice by quacks and midwives. An investigation conducted a few years ago by the physicians connected with the New York Board of Health, disclosed the appalling fact that the great majority of still-births occurring in that city were due to the administration of ergot by ignorant midwives.

Ergot is potent for good in obstetric practice within certain limitations, and potent for evil if these limitations be overstepped. It is valuable in prolonged labors, occurring in pluripara, when the presentation is normal, the parturient canal fully dilated, the perineum soft and yielding, and the delay attributable only to uterine inertia. It should never be administered to primipara, however, until the placenta has been delivered, nor should it be employed in any case if the presentation is abnormal or uncertain or the perineum rigid, nor unless the parturient canal is free from obstruction, and fully dilated.

After the third stage of labor has been complete, ergot will be found invaluable in all cases. It may be administered then with the certainty of insuring firm uterine contractions, preventing the accumulation of blood, and the consequent formation of clots, and lessening or preventing the occurrence of after-pains.

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THE DIAGNOSIS OF HYDRO-THORAX.

THE diagnosis of hydrothorax, like the diagnosis of gastric ulcer, is sometimes not made until after the *post mortem* examination. The records of almost all large hospitals will tell of cases which were regarded as pneumonia, pulmonary œdema, or cardiac disease, but which were ascertained at the autopsy to be cases of hydrothorax. We recollect a case in point, occurring in a well-known hospital some years ago. The patient, a man 65 years of age, whose principal symptom was extreme difficulty of breathing, was supposed to be suffering from some obscure cardiac affection. He was kept upon large doses of digitalis for several days, and was then placed upon convallaria. No benefit accrued from either. His shortness of breath became more pronounced every day, and he died in about three weeks from the commencement of his illness. The visiting physician was confident that the cause of death was either mitral stenosis or tricuspid regurgitation, and directed a *post-mortem* examination to be made in order to ascertain which of these lesions was present. Much to his chagrin the valves of the heart were found to be perfectly normal, but both pleural cavities were filled with fluid. The case was one of unsuspected hydrothorax, and the difficulty of breathing was due to the pressure exerted on the lungs by the enormous pleural effusion.

Now, although this error of diagnosis was made by an authority on diseases of the thoracic cavity, it was not an unavoidable error. It would not have occurred if the chest had been carefully examined. The physician in charge made a "snap diagnosis" of heart disease, however, and did not search for any other lesions. In all cases of hydrothorax there is marked dulness on percussion, and complete absence of respiratory and voice sounds over the seat of the effusion. The most characteristic symptom, however, and one which should always cause the physician to suspect the existence of a large effusion in the pleural cavities is extreme shortness of breath. The respirations are quick and shallow, ranging from thirty to sixty per minute, and the patient is afraid to lie down for fear of suffocation.

ACONITE AS A TÆNIACIDE.

DR. ROBERTSON, of Detroit, recently reported three cases to the Detroit Medical and Literary Association which point to aconite as a potent tæniacide. The discovery was accidental on Dr. Robertson's part. Some time ago he was called to see a case of pharyngitis. He prescribed some aconite and a cathartic, and he was surprised to find that the patient passed a tape-worm the next day. A year after this he was called to see a man who had tape-worm, and gave aconite, and within twelve hours the patient passed a large tape-worm. About two months ago a young man showed him a portion of a tape-worm which he had passed. Dr. Robertson gave him five drops of the normal extract of aconite every hour, until three doses had been taken, and followed it with a cathartic, and, as a result, the worm was passed in a few hours. Dr. Robertson believes that the aconite kills or benumbs the tænia so that it relaxes its grasp on the walls of the intestinal canal, and is readily dislodged by any active cathartic. If further experience is confirmative of this view, aconite will be accorded the first place as a tæniacide. It is possible that the early writers had an idea of its power in this respect, when they described it as a plant "which kills man unless it finds in man something else to kill," but, as they did not place their experience on record, Dr. Robertson is entitled to the credit of the discovery.

Great caution will be necessary, however, in the administration of this remedy. The dose should not exceed five or ten minims of the tincture. The pulse should be carefully watched, and free catharsis should be induced as soon as two or three doses have been administered.

THE GYNÆCOLOGICAL SOCIETY, of Boston, has elected the following officers for the current year: President, Dr. H. O. Marcy; Vice-President, Dr. H. C. White; Secretary, Dr. H. J. Harriman; Treasurer, Dr. W. Symington Brown; Pathological Committee, Drs. E. W. Cushing, A. P. Weeks, and H. O. Marcy; Nominating Committee, Drs. H. M. Field, E. C. Keller, and C. W. Stevens.

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COLLEGE NEWS.

PRESENTATION OF PROFESSOR WILLIAM H. PANCOAST'S PORTRAIT BEFORE THE ALUMNI ASSOCIATION OF JEFFERSON MEDICAL COLLEGE.

BY ALSTON H. BICKERS, M.D.

MR. PRESIDENT AND GENTLEMEN OF THE ALUMNI ASSOCIATION, LADIES AND GENTLEMEN AND FELLOW STUDENTS:—In the beginning of the session which will terminate to-morrow, the class learned with great sorrow and deep regret that our esteemed teacher and friend, Professor William H. Pancoast, would resign the Chair of General Descriptive and Surgical Anatomy in this institution at the close of the present term.

We thoroughly realized the significance of his resignation, we were aware that it takes from our *Alma Mater* one of her oldest and most accomplished teachers, her most gifted and skilful surgeon, her most interesting, practical, and eminently instructive surgical clinician, and from us our best and truest friend.

We, therefore, earnestly urged him to reconsider his intention to resign, and continue to teach the chair which he has so long and ably taught with credit to himself and honor to our *Alma Mater*, and with inestimable benefit to the thousands who have gone out in all parts of America and Europe to practice medicine under the broad banner and great seal of the Jefferson Medical College. But, owing to his desire and determination to lessen his arduous duties, he was unable to comply with our earnest and unanimous request. Finding our efforts to retain him futile, we determined to present him, on this occasion, with some tribute of our respect, esteem, and gratitude, with some token which would show to the world, to after classes in this college, and to his posterity, the love and appreciation of five hundred and thirty students for their teacher and friend, for him who brought to the daily routine of his duties a mind so stored with learning, and a skill so subtle, as to render clear, concise, comprehensive, and thoroughly interesting, that difficult and monotonous study, anatomy. Likewise to create within us that ambition, that thirst for knowledge which success alone can gratify, which would serve to perpetuate his memory in the college, in which and for which he has so earnestly and indefatigably labored for twenty-nine years—the institution which he, by his inherited and acquired ability, coupled with his genius and industry, has aided to overcome all obstacles, and has been so instrumental in making her first among the medical schools of the world.

I have indicated to you that Professor William H. Pancoast has been a teacher in this college for twenty-nine years; two years as Adjunct and fourteen years as Demonstrator of Anatomy, two years as Adjunct Professor of General Descriptive and Surgical Anatomy, and eleven years ago he was chosen by the Honorable Board of Trustees to fill the Chair of General Descriptive and Surgical Anatomy—a chair vacated by the resignation of that illustrious anatomist, that world renowned surgeon, whose name and reputation have spread with civilization throughout the length and breadth of this land. I thus briefly refer to his distinguished father and predecessor, the late Professor Joseph Pancoast.

The tribute of which I have spoken, and which was procured by the hearty coöperation of every student in this institution, and which I will have the honor and pleasure to present in your presence, is a portrait of himself.

And now, Professor Pancoast, I have the opportunity to perform the most pleasant duty of my life, a duty rendered so pleasant and agreeable by the assurance that every word I have spoken or shall speak is and will be the feeling and sentiment of my classmates. I have been chosen by them to present this meagre token of our esteem and love, and to thus publicly express and convey to you our feelings of appreciation and gratitude. A feeling which, sir, you have not instilled in our hearts by a single act or deed, not in a day or session, but, sir, it is a feeling which you have created, nourished, and indelibly implanted in our hearts by your long and able teaching, by your ever willingness and eagerness to admonish us with the gentleness of a brother, to advise and guide us with the genius of experience, and to shield and protect us with the strong arm of friendship, and when, during the vicissitudes of college life, misfortune cast her mantle of gloom upon some unfortunate student of this institution, you were ever ready and willing to listen to his appeal, to direct and advise, and, nobler still, to shield and protect him.

Professor Pancoast we eagerly longed for the day to come when you would meet us, either in the amphitheatre of the college or the clinic room of the hospital, not only to teach and instruct us but to gladden our hearts with your kind words and genial manner, to impart fresh energy and inspire new hope, to lead and guide onward to the success which we have attained.

We love and cling to you, Professor Pancoast, we respect and obey you, because you manage us with the sternness of a disciplinarian, united with the tenderness and consideration of a father.

Professor Pancoast, you are verily the student's friend, and no man ever more richly deserved that appellation, or had it more heartily bestowed by a class than yourself.

A few more words and I am done. When you look upon this portrait as it hangs upon the walls

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of the clinic lecture-room of the Jefferson Medical College Hospital, in juxtaposition with your distinguished predecessor, expressing to the world our love for you, I beg you to console yourself with this truth, that we, the students who so much love you, will take with us to our distant homes your image, which your long and successful career as a teacher, and your pure, unalloyed friendship have assisted nature to enframe in our hearts a living and an imperishable monument to your memory.

MEDICAL NEWS AND MISCELLANY.

DR. GEORGE R. PANCOAST has removed to 2634 Brown Street.

DR. JAMES COLLINS has removed to 704 Franklin Street.

DR. T. SPENCER COBBOLD, the distinguished English helminthologist, is dead.

DR. A. Y. P. GARNETT, JR., one of the most brilliant young physicians of Washington, D. C., died at his home in that city on March 10th.

DR. F. E. STEWART has been appointed Demonstrator of Pharmacy in the Woman's Medical College of Philadelphia.

THE fourteenth annual meeting of the American Public Health Association will be held at Toronto, Ont., October 5th to 8th, 1886.

THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The annual commencement was held in Association Hall on Saturday, April 3d.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—Dr. E. G. Janeway has been transferred to the Chair of the Principles and Practice of Medicine and Clinical Medicine.

UNIVERSITY OF MARYLAND.—Professor S. O. Chew has been transferred from the Chair of Materia Medica to that of Practice of Medicine, and Professor I. E. Atkinson from the Chair of Pathology to that of Materia Medica.

THE annual address before the Alumni Association of Jefferson Medical College was delivered in the lower lecture-room of the college on April 1st, by Dr. William H. Warder, on "The Lights and Shadows of Medicine and Professional Life."

JEFFERSON MEDICAL COLLEGE.—The sixty-first annual commencement of Jefferson Medical College was held in the Academy of Music on Friday, April 2d. Professor Theophilus Parvin delivered the valedictory address, after which Dr. E. B. Gardette, President of the Board of Trustees, conferred the degree of Doctor in Medicine on two hundred and thirteen graduates.

STRYCHNIA AS A PREVENTATIVE OF POST-PARTUM HEMORRHAGE.—Dr. A. Walker (British Medical Journal) says: In a number of cases, strychnine administered along with iron for a month before labor, has exerted a remarkable influence in preventing post-partum hemorrhage, where severe flooding had occurred in previous labor.

A CASE OF PERSISTENT MENSTRUATION IN A LADY OF SEVENTY YEARS OF AGE.—To the New York Obstetrical Society, December 15, 1885, Dr. T. Addis Emmet reported the case of a lady of seventy, whom he had known for several years. She had menstruated regularly every month since the age of sixteen, except when she was pregnant, and during a certain interval after she had reached the age of forty-five or fifty. Her daughter, who was aged fifty, also had a regular monthly flow. The mother was, as far as he knew, in perfect health, and had been a widow for thirty years. He regarded the case as a very unusual one.

PROLAPSE OF THE RECTUM.—Dr. S. A. Scott (New Orleans Medical and Surgical Journal) was called during the summer of 1876 to see a child aged eighteen months, who was suffering from complete prolapse of the rectum. The bowel was swollen and looked as if it were bruised. The doctor replaced it immediately, but found that the child could protrude it again with almost as much ease as it could extend the leg. He then replaced it again, and, while an assistant held it in place, injected one-eightieth grain sulphate of strychnia into the sphincter ani and then applied a wet compress. After this simple procedure the bowel remained in place and did not descend again.

ST. LOUIS MEDICAL COLLEGE.—Several very important changes have been made in the Faculty of the St. Louis Medical College. Professor L. Ch. Boisliniere and E. F. Smith, for many years respectively occupying the Chairs of Obstetrics and Gynæcology and of Clinical Medicine, have resigned, and the following gentlemen have been elected to the designated positions: J. M. Scott, M.D., Professor of Obstetrics; W. L. Barret, M.D., Professor of Gynæcology; John Green, M.D., Professor of Ophthalmology; W. E. Fischel, M.D., Professor of Clinical Medicine; John P. Bryson, M.D., Professor of Genito-Urinary Surgery; B. J. Primm, M.D., Professor of Descriptive Anatomy; Dr. Mudd's Chair is now designated as that of Surgical Anatomy and Clinical Surgery.—*St. Louis Courier of Medicine.*

CALOMEL AS A DIURETIC.—The action of calomel in causing diuresis in morbid conditions with dropsy is not generally recognized. In health, indeed, it may be said that the drug has

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no such action. Dr. Jendrássic has found in cases of cardiac dropsy, that calomel in appropriate doses causes well-marked diuresis, a "sort of diabetes insipidus," by which the results of want of cardiac compensation, dropsy and œdema are dissipated. The effect comes on within twenty-four hours; one and a half grain of the drug being given three to five times a day. No diarrhœa is usually produced; but, in some cases, it had to be prevented by the administration of laudanum. Salivation and stomatitis were obviated by the prescription of a chlorate of potash gargle from the first. The result in all cases in which the treatment was adopted was beneficial, no unfavorable depressing symptoms being noticed.—*British Medical Journal.*

DYSPEPSIA.—Drs. C. A. Brugeman & Son, of Marysville, Neb., emphasize the value of a well-known antiseptic in troubles arising from indigestion by reporting the following case: Mr. John M., æt. 32, a sufferer from dyspepsia for many years, in vain sought relief through a great variety of patent drugs. His principal complaint has been pain in the stomach with giddiness and headache, and after meals a most distressing sensation of heaviness in the stomach, his countenance being indicative of great misery. We placed him on the prescription recommended by Dr. O. F. Taylor, of Magnolia, Ill. (Peoria Medical Monthly):—

℞. Listerine
Water . . . . . āā ℥iv.
M. Sig.—Teaspoonful before meals.

It proved a safe, elegant, and pleasant prescription. By this treatment alone, with reasonable attention to diet, all symptoms were entirely removed in four weeks, and he now takes his meals with comfort. We are confident that listerine gives us better results than other similar remedies in this type of cases, because, while promptly arresting fermentative changes, it also exercises a decided sedative influence on the mucous membrane of the stomach.—*Kansas Medical Index.*

MYRIAPODS IN THE HUMAN BODY.—M. Rooms, in the Archives Médicales Belges, reports the following case: A boy, æt. 11, showed symptoms of illness which lasted three years. He had strange tastes and fancies; he grew thin and was excessively irritable and nervous. It being imagined that intestinal worms were at the root of the evil, vermifuges were administered without any result. The child was better in winter and grew worse in summer. One day he drank a glass of gin, in which artemisia blossoms had been infused, and he afterwards expelled a quantity of living myriapods, which lived several days. The child's condition greatly improved, but on the summer following it again fell, and the old symptoms reappeared. A double dose of the gin, with artemesia blossoms, was given him. He vomited violently and expelled myriapods from the mouth, nasal fossæ, and anus. The treatment was continued a month, and the pseudo-parasites disappeared. Probably, during the season of ripe fruit, the boy ate blackberries, and thus swallowed these insects. The vitality exhibited by the myriapods in the intestinal canal is explained by the denseness of the envelope and the peculiarity of their respiration.—*Paris Correspondence, British Medical Journal.*

OIL OF TURPENTINE IN DIPHTHERIA.—In the Journal de Medecine of January 31st, Dr. Delthil, of Paris, reports a case of diphtheria in a child thirty-two months old, in which the patient occupied the same room with four puerperal women and their newly-born infants. Circumstances rendered isolation impossible. The whole mucous membrane of the patient from the lips to the bronchi, including the nasal passages, was covered with a thick diphtheritic exudation. The treatment consisted of quinine, emetics, abundant nourishment and painting the affected mucous membrane with undiluted oil of turpentine every hour. To protect the puerperal women and their children from contagion, the atmosphere of the room was kept saturated with vapor produced by the evaporation of oil of turpentine and fumes from the combustion of a mixture of oil of turpentine and coal tar. The patient recovered, and neither the puerperal women nor their newly-born infants were infected. To facilitate applications to the throats of young children, the writer recommends the novel expedient of tickling the fauces with a feather introduced between the teeth. The efforts at vomiting excited thereby will cause the child to open its mouth and the application may then be easily made.—*Atlanta Medical and Surgical Journal.*

A NEW EMMENAGOGUE.—In the November number of the American Medical Digest is an article upon the new emmenagogue of Dr. Y. Matthews Duncan, of St. Bartholomew's, London.

The emmenagogue is "erotic excitement." The editor very justly takes exception to it on moral grounds, and observes that in most cases the treatment would be worse than the disease. The effect of this treatment is, of course, sympathetic. I wish to suggest a method of obtaining the same results by sympathetic action, which is free from the objections above referred to. It is mammary irritation.

All physicians are familiar with the close sympathy between the breasts and the uterus. I will report one case, illustrating the treatment. Some years I prescribed for Miss D—, aged eighteen, fairly healthy, had never menstruated, and had been under varied domestic and professional treatment. I prescribed iron for a month, and

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then sinapisms to breasts, to produce marked irritation, but not to blister. The breasts became inflamed, showing enlargement, hardness, and tenderness. When the inflammation subsided the menses appeared and were normal afterwards. She has since borne a family of children. Since that time I have frequently succeeded by the same treatment, but not always.—DR. THOMAS D. STRONG, *Buffalo Medical Press.*

DIFFICULT CATHETERIZATION.—Dr. Noyes (American Lancet) in an interesting article on difficult catheterization, says: I remember a case which I met with in my hospital practice. I made several efforts to introduce a catheter, trying instruments of various sizes. I reported my want of success to the surgeon in charge, who also made unsuccessful attempts, and finally left me to manage the case as best I might. I found that by the aid of a hot bath, I could pass the catheter, and this is often the case. In general practice I have met with many cases of retention from enlarged prostate. I once got great credit for relieving an old man who had been attended by several physicians. They had tried in vain repeatedly, several days, to pass the catheter, and when I was called in they repeated their attempts, before giving me an opportunity to try. The youngest of them, whose turn came last, was especially anxious to succeed, and he employed so much violence in his efforts that he drew blood. Such force is never justifiable, nor is it necessary. When they at last passed the instrument to me, I found that it went in readily enough until the point reached the prostate, and could not find the passage beyond. I placed the finger in the rectum, and lifted the point of the instrument a little, causing it to ride over the obstruction, and in a moment it passed into the bladder. I wish to repeat, that no force should ever be used in introducing the catheter.

AN UNUSUAL CAUSE OF BURNS OF THE FACE.—I have thought it right to put on record the following case, as it seems to me to be one of some rarity, and to have some importance from a medico-legal point of view. I cannot do better than give the facts in the words of the patient himself, who communicated them to me by letter. He writes as follows:—

"A rather strange thing happened to myself about a week ago. For a month or so I was troubled very much with foul eructations. I had no pain, but the smell of the gas which came from my stomach was disagreeable to myself, and to all who happened to be in the room. About a week ago, as I said, I got up in the morning and lighted a match to see the time, and when I put the match near my mouth, to blow it out, my breath caught fire, and gave a loud crack like the report of a pistol. It burnt my lips, and they are still a little sore. I got a terrible surprise and so did my wife, for the report awakened her."

From the above occurrence it would appear that the condition known as "halitosis," or diseased breath, is not only a source of misery to the sufferer, and to those compelled to associate with him, but may, under certain circumstances, become a condition of danger to the unfortunate possessor of it. In the present instance, the gaseous results of the imperfectly digested food had their atoms of carbon and hydrogen so arranged as to give rise to the presence of carburetted hydrogen, the inflammable and explosive qualities of which came into play when mixed with a due proportion of atmospheric air in presence of the unguarded light of the burning match. I may add, that the patient to whom this accident happened, is a most intelligent and observant man, and that the diet I prescribed for the indigestion from which he suffers from time to time has alcohol excluded from it, and I know that my instructions in that respect are acted upon.—DR. GEORGE T. BEATSON, *British Medical Journal.*

UNUSUAL EFFECTS OF MALARIA.—Dr. J. J. Norwine (Therapeutic Gazette) reports the following peculiar cases of malarial poisoning:—

Case 1. Mamie M—, aged 13. Family history good; no syphilis, gout, or rheumatism; has always been a healthy, stout girl, and at present presents a very healthy appearance; menstruated first at the age of twelve, and has been regular in frequency, normal in quantity, and without pain during the flow. This, in brief, constitutes the past history. Patient now presents the following symptoms: Three weeks ago she arose from her bed feeling quite well, "but," says her sister, "she was so nervous." This condition has existed ever since, and is gradually growing worse; her rest at night was good after once geting to sleep, probably not awaking during the night; bowels constipated; appetite failing last few days; does not complain much of pain. Upon this history, in connection with a close physical examination, I diagnosed chorea, the result of malarial infection, and upon this basis I gave the patient the usual anti-malarial agent, sulphate of quinine, combined with that most efficient vehicle, the syrup of yerba santa, in doses of eight grains every two hours, giving four doses daily, and to my satisfaction the patient had entirely recovered on the third day. I should have added that a liberal mercurial purge was given prior to the quinine.

Case 2. Child, age one and a-half years, sufferring from chronic diarrhœa for over thirty days. The usual treatment was given—astringents, pepsin, bismuth and tonics—but all seemed to only relieve for a very short time. At last my attention was called to the fact that the child's bowels were

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worse every other morning, and I immediately gave sulph. quininæ, gr. iv, until I gave four doses daily, and the child was relieved the second day, and made a rapid recovery. I claim that it was the anti-periodic effect of the quinine, and not the effect of a bitter tonic, that produced the cure, for the result was too quick.

THE CONTROL OF HEMORRHAGE.—Dr. A. Maguire thus writes in the New Orleans Medical and Surgical Journal for February:—

In ante-bellum days I was called to a large plantation in my neighborhood by the manager, one of the old-time overseers, who had great confidence in his powers of healing, and was convinced of his superiority over any new fledged Æsculapius, and that what he did not know of medicine was not worth knowing.

He pointed to a ghastly-looking African sitting on a verandah, with his head leaning against the brick pillar, blanched as much as his color allowed, and with a small stream of blood and saliva trickling from one corner of his mouth; he had extracted, twenty-four hours before, the third molar, and the blood had never stopped—he had applied strong vinegar, Parvaz's perchloride of iron, nitrate of silver, and had caused the blacksmith of the plantation to bend and file down to a point a goodly-sized wire with which he had cauterized the socket. After doing all this he confessed he was at his wit's end, "*au bout de son latin.*" I told him I would extend his Latin to "*Felix qui potuit rerum cognoscere causas,*" and after reviving the drooping African with a square dose of whiskey, I made a wad of cotton to be compressed between his jaws, leaving a piece protruding in the mouth of sufficient size to allow the involuntary play and suction of the tongue to be exerted on it, and not disturb the formation of the clot in the socket. The hemorrhage was arrested in ten minutes.

Some time afterward, a planter living some ten miles from my house sent for me for his daughter, who had been bleeding some twelve hours from the same cause. I directed the father to apply a similar wad, and gave two doses of brandy and digitalis, which set everything right.

On the same principle, violent epistaxis can be controlled in many instances by occluding the nostrils between thumb and finger, preventing the forced entrance in and out of air, also an involuntary act, during which no clot can be formed.

GENITAL IRRITATION AND SEVERE NERVOUS PHENOMENA.—Dr. Lewis A. Sayre (Virginia Medical Monthly) reports the following remarkable case:—

Mr. M—, aged twenty-five years, an unusually well-developed, muscular man, but exceedingly nervous, came to me suffering from an injury to the spine from the plunging of his horse while horseback riding, producing almost complete paralysis of the lower extremities, being unable to stand or walk without assistance, and suffering intense pain in the lumbar region. He was at once leeched, and this treatment was followed the next day by dry cups along the seat of the injury, and he was retained in the horizontal posture for some weeks. During this enforced quietude, my attention was directed to his extreme nervousness, which amounted almost to hysteria; and on examining his penis, I found this organ in a state of erection; the prepuce was firmly constricted around the glans, and it was with great difficulty it could be pushed behind the corona. The frænum was so very short as to draw the urethral orifice backward and open. The least touch upon the meatus produced a peculiar nervous spasm over the entire body. The prepuce being drawn behind the glans, a thin white line was to be observed girdling the entire penis, and he complained of this causing him great pain. He then informed me that he suffered from constant erections of the penis, frequently lasting from twelve to eighteen hours. In many instances while in the society of ladies he would be compelled to leave the room, and frequently while horseback riding he would have to get off his horse and abandon this exercise, as the penis would become so irritable and erect that semen would pass involuntarily from him.

I divided this girdling band upon the dorsum of the penis, and then divided also the frænum, tearing the latter down to the extent of nearly an inch, thus allowing the glans to assume its natural appearance, and removing all constriction.

Since the operation his nervous system has undergone a complete and entire change, and he will now leave on an extended European trip.

STATE SANITARY CONVENTION.—The following circular which we have received from the Pennsylvania State Board of Health explains itself:—

A sanitary convention, the object of which will be to afford an opportunity for an expression of opinion on matters relating to the public health and the discussion of methods looking towards an advancement in the sanitary condition of the Commonwealth, the prevention of sickness and avoidable death, and the improvement of the conditions of the living, will be held in Philadelphia, under the auspices of the State Board of Health, on Wednesday, Thursday, and Friday, May 12th, 13th, and 14th, 1886.

The Address of Welcome will be delivered by His Excellency, Hon. Robert E. Pattison, Governor of Pennsylvania.

The following will be among the subjects that will be discussed by prominent sanitarians:—

1. The Sanitary Needs of School Buildings and Grounds.

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2. The Water Supply of Towns and Cities.
3. The Water Supply of Philadelphia.
4. The Disposal of Slops, Garbage, Refuse, etc.
5. The Prevention of Communicable Diseases.
6. Influence of Clothing on Health.
7. Ventilation.
8. The Drainage and Sewerage of Cities and Towns.
9. The Drainage and Sewerage of Philadelphia.
10. The Influence on Diet on Health.
11. The Relations of Christianity to Health.
12. Mistakes in School Architecture.
13. Defective Vision in School Children: Causes and Management.
14. The Necessities of Physical Education.
15. Drainage and Sewerage in Country Districts.
16. Sanitary Science in Villages.
17. Municipal Sanitation.
18. Artificial Feeding of Infants.
19. Condensed Milk.
20. Various artificial Baby Foods.
21. The Inheritance of Disease.
22. Hygiene of the Home.
23. Sanitary Plumbing and Drainage.
24. Test for Impurities in Water: The Use of Filters.
25. Germicides.
26. Vaccination.
27. The Hygiene of Old Age.
28. Cholera.
29. City *versus* Country Life, from a Hygienic Point of View.

The public are cordially invited to take part in and help to make a success of this convention.

At a later date, circular of details will be issued.

JOSEPH F. EDWARDS, M.D.,
Chairman of Committee on Arrangements,
224 S. Sixteenth Street, Philadelphia, Pa.

BISMUTH PREPARATIONS.—The great difficulty which in the past has attended the therapeutic use of the salts of bismuth in large quantities has been their proneness to contain arsenic. We well remember having produced severe arsenical poisoning by the administration of a preparation of bismuth which had been made by one of the largest and most reliable chemical establishments in the United States. This liability to arsenical contamination grew out of the fact that the only bismuth ores formerly in use were those of Central Europe, all of which contain arsenic in abundance. Since the discovery of ores of bismuth in South America, which are free from arsenic, the practitioner need not fear to use this drug in very large doses.

There are one or two therapeutic points in regard to the salts of bismuth which it has seemed worth while to call attention to. In the first place we hardly think that the bismuth preparations are employed as frequently as local remedies in inflammations of the mucous membranes as they deserve to be. They seem to us to be distinctly sedative, and at the same time slightly astringent, and may be used freely in the most acute stages of mucous inflammation. Thus, in the beginning of an acute nasal catarrh, bismuth may be blown by means of a quill freely into the nostrils, often with great relief. If five grains of the carbonate of sodium be added to two drachms of the bismuth it will often be found serviceable. In gonorrhœa, during the most acute stage, injections containing twenty to forty grains of bismuth, suspended by means of some mucilage, and repeated every two or three hours, sometimes act most advantageously.

As is universally recognized, these salts of bismuth are of great value in all gastric or intestinal irritations. When the stomach itself is affected, the bismuth should be given just before or immediately after the meal; the doses are not less than ten grains, the object being, of course, to have the bismuth retained in the stomach and brought in contact with the mucous membrane of the stomach as thoroughly as possible. In many cases it would be better to give the bismuth a half-hour before the meal. When it is desired to influence the mucous membranes of the intestines the bismuth must be given in much larger doses, twenty grains to a drachm; but especially is it desirable that it be administered about two hours after eating, when the contents of the stomach are rapidly passing into the intestines, in order that the bismuth may be hurried through the stomach as rapidly as possible and reach the intestines in an unaltered condition.

The remarks which we have been making refer to the insoluble preparations of bismuth—the subnitrate and the subcarbonate—which do not in any way differ from one another in their relations to the human organism. The soluble ammoniocitrate of bismuth is a very astringent and decidedly irritant remedy which, in our practice, has failed to prove itself of any special value.—*Therapeutic Gazette.*

IDIOSYNCRASIES.—There are probably very few physicians who have not from time to time been seriously annoyed by the idiosyncrasies of people in regard to drugs. These idiosyncrasies are without reason that can be discovered, and cannot be allowed for by any *a priori* judgment. Perhaps one of the most serious is the case of susceptibility to the action of mercurials which some people possess. We have seen a fraction of a grain of calomel cause a most frightful and really serious salivation. A very curious circumstance which we have noticed in one or two such cases is that blue mass was tolerated when the system exhibited the most violent reaction against calomel.

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There is a very well-known practitioner in Philadelphia who is most violently affected by the odor of hyacinths. We have known a single sprig of hyacinth, put in his room without his knowledge, to cause in a few moments sick stomach, followed by violent, repeated retching, and great general depression, amounting almost to syncope. It would appear as though, if he were shut up in the room with a single hyacinth bulb in full bloom, it would cause his death. A curious feature of this case is, that the emanations will produce so much disturbance of his system without his perceiving the odor.

Another very curious idiosyncrasy that has come under our notice is in a lady who is thrown into fainting fits by eating the smallest piece of butter. We have known her tried by those who thought her condition was purely imaginative by placing a small piece of butter in a dish of mashed potatoes and giving her a tablespoonful, after telling her that there was no butter in it. In a very few minutes she fell off her chair in a condition of swooning.

Some years ago, one of the residents of the Pennsylvania Hospital was forced to resign, because the moment he went to work in the surgical wards he became afflicted with a crop of boils which would have disrupted the heart of Job with envy. It was only years afterwards that the unfortunate doctor discovered that the boils were produced by the emanations of turpentine, which was, at that time, used in the wards for cleaning off the skin of patients to which the adhesive plaster had remained.

Not long since there came into our office a gentleman to whom morphine was given for the purpose of relieving pain. Contrary to all expectations, a violent diarrhœa was produced by the alkaloid; indeed, so excessive was the flux that it was stopped with difficulty. In this case the idiosyncrasy appears to have been inherited, as the father of the patient was accustomed to use habitually paregoric as a laxative; a teaspoonful of this fluid taken at night would always produce soft evacuations in the morning.

As already stated, there is no way of foreseeing these peculiarities. It ought, therefore, to be the habitual practice on the part of the physician, when prescribing for a patient with whom he has not before been acquainted, to ask as to the existence of any such peculiarities, and to pay attention to the answers received.—*Therapeutic Gazette.*

THE LAPAROTOMY EPIDEMIC.—No more momentous question has been ventilated in our profession, nor one requiring greater coolness and decision in its treatment, than the justification or otherwise of those engaged in wholesale spaying, which seems, rightly or wrongly, to have become the fashionable craze of certain gynæcologists. Other language I fail to find which can adequately describe the condition assumed by Battey's ardent disciples. We hear Dr. Imlach opening his paper upon pyosalpynx with the remark "that every Monday, at two o'clock, I see out-patients at the hospital for women. If unable to attend, I were to tell the nurse to send into the hospital those women who suffered most and had been the longest ill, out of ten sent in, seven or eight would have some chronic inflammatory disease of the uterine appendages, and most of them would prove incurable without surgical treatment." And further on: "I have removed the uterine appendages one hundred and twenty-six times," all of which he considered in a diseased condition; on the other hand, we hear an authority like Dr. Grimsdale declare that the ovaries which he saw on one occasion removed by Dr. Imlach were perfectly healthy, and this was, I understood, the only time that he (the consultant of the institution) got the chance of being present. We also had the evidence of Dr. Alexander, who declared that out of the large number of *post-mortems* which he made at the Liverpool Workhouse, he very rarely found traces of this disease, although he had paid particular attention to the examination of the uterine appendages. Under these circumstances, does it not seem time to do something to stay the destroyer's hand, as even the removal of one set of healthy parts would, in the minds of honest men, counterbalance all the supposed good of the remaining one hundred and twenty-five operations, at which neither Dr. Grimsdale or any other man of equal erudition was present; had they been, possibly a few more healthy organs might have been discovered. Poor Baker-Brown in his day was quite as eminent a man as either of the gentlemen referred to; but alas! he fell for performing an operation trivial in its consequences compared to spaying. Dr. Tait and Dr. Imlach have attempted to draw conclusions from the results of their practice by comparison with those of two general hospitals; was this fair or generous on their part? I think not, as, I believe, at the Thornton ward diseased organs alone are interfered with; whereas, if I may again quote Dr. Grimsdale, healthy ones have (at least once) been removed in Shaw Street, so that if the same difference of practice exists in Birmingham, it may somewhat account for the disparity of death-rate, operative measures upon diseased subjects being necessarily more fatal than those performed upon perfectly healthy ones. If we dare make use of the analogy of the sow-gelder, he seldom loses a healthy pig, but has large mortality among diseased ones. The matter up to this has been misunderstood by the laity, but let it once become public that women are being unsexed (castrated) in batches, such as described by Dr. Imlach, and the exit of its authors (in this country) from the

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scene will, I think, be as rapid and decisive as was that of the clitoridectomist. Before it is too late let them adopt the motto, if they may so apply it, *Appetitus rationi pareats.*—DR. JAMES M. BENNETT, *London Medical Press.*

THE CAUSATION AND TREATMENT OF SCARLATINA.—A valuable contribution to the literature of this subject is made by Dr. Whitla in the Dublin Journal of Medical Sciences, in which the writer summarizes pretty carefully the present state of our knowledge. The investigations of Pohl-Pincus, Klein, Eklund, and Octerlony are discussed, but the conclusion reached that, as yet, the living organism of scarlatina has not been demonstrated or isolated. Much still is known regarding its nature. It is the most tenacious of all contagions. It will survive heat up to near the boiling-point, and a freezing temperature does not destroy it. In England its virus is always more active in autumn. How does it enter the system? The writer cites cases where a lancet has carried the disease, but thinks in the great majority of cases the route of contagion is the pulmonary tract and the throat, first taking effect in the fauces. The ingestion of articles of food which have stood in the sick room appears, in some cases, to have caused the disease, so that it may possibly be absorbed by the stomach. The evidence that the disease may be communicated through the medium of a third party, the writer states is overwhelming. The carrying of the disease by clothing, toys, letters, flowers, and even locks of hair from the sick room are mentioned. Domestic animals are another medium. Regarding contagion by means of milk, the writer states that these cases have been found to be from the existence of the disease in the man who delivered the milk, the person who milked the cow, or, more often than either, the presence of scarlatina in the house where the milk was strained, mixed, or allowed to stand. No authenticated cases of disease in the cow were found. The author denies that scarlatina is even a drain disease, in the sense that the poison may be generated there *de novo.* There is not, even to his mind, satisfactory evidence that the general ill effects of bad sewerage render a patient more liable to the disease, or render the attack more virulent. The disease has continued to deepen in extent and gravity in the face of all modern improvements in sewage management. Emphasis is laid on the fact that it is the pulmonary and cutaneous exhalations which are the active agents in spreading the disease, and not the epithelial scales of desquamation. There is no doubt that the disease is highly contagious as soon as the rash appears, and analogy would render it at least probable that it may be conveyed during the period of incubation. Inoculation of animals with the scales of desquamation has almost always failed to produce scarlatina. The common rule of isolating scarlet-fever patients for six weeks, is considered a safe one; yet, if convalescence be retarded, it may be well to extend the period to nine weeks. Stress is laid upon three points: (1) The poison from the mildest case may produce the most deadly form. (2) In no disease is the part played by individual susceptibility so striking. (3) This susceptibility runs in families, and is often noticed in the most robust members. The period of incubation is believed to be shorter than is generally supposed. The writer is of the opinion that the rule is three or four days; numerous cases are referred to in which it was only one or two days. To prevent the patient from spreading the disease, rigid and immediate isolation, disinfection of everything which has come in contact with his person, anointing the body with some disinfecting ointment, scrupulous cleansing of the body with tepid baths, or sponging with a solution of Condy's fluid, are all things to be insisted on in every case. The writer has no faith in cutting short the disease by destroying the virus at its point of entrance, the throat, during the preliminary stage. It is compared to the excision of a chancre to prevent syphilis. Quinine and the sulpho-carbolate of soda are believed to do great good by reducing temperature, but do not shorten the disease. The reckless dosing with chlorate of potash is often productive of great harm, as is also the too free use of carbolic acid internally and about the patient; both are believed to increase the liability to renal complications. Great success is claimed for free and fearless purgation by croton oil and the use of the hot pack in treating uræmic convulsions. A dozen cases are mentioned as having been so treated successfully.—*The Physician and Surgeon.*

THE REQUIREMENTS OF THE SICK-ROOM.—J. Varnum Mott, M.D., Boston, Mass., in speaking of food, says: "We are called on from the very hour of birth to furnish appropriate food for nourishment, and when sickness occurs the twofold importance of this task is justly appreciated. Whilst, as a rule, each disease requires a special diet, dependent on several physiological indications, it will not be possible for us to consider more than very generally this subject. Milk ranks among the first articles ever known for sustaining life, and is generally liberally supplied by the natural laws; and when a woman fails to be able to supply her offspring with this essential commodity, there is something radically wrong. The beasts of the fields are thus enabled to nurture their young, and the first instinct developed is to seek that nourishment at the maternal fount. Hence milk is known to possess very valuable properties, and yet a milk diet is not to be directed for an adult without very careful consider-

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ation, and its use must be very strongly indicated. Many are unable to properly digest milk unless diluted with lime water, and hence it is, although we recognize it as being very valuable, still it is capable of giving rise to certain functional disturbances which it is our duty as medical men to guard against. Beef tea will always very justly have its advocates, and for adults it is to be preferred to milk. Beef extracts, meat juice, etc., are favored by the profession, and are used as experience dictates. The very best preparation that I have extensively used is known as 'Valentine's Meat Juice.' It possesses the great advantage of always being ready for use; it serves best when taken cold, and I have yet to meet a case where the stomach will refuse to retain it, providing it be administered diluted (one teaspoonful to a wineglass of cold water), and fed to the patient by a teaspoonful at intervals of every two or three minutes until the above is given, when a small piece of ice may be allowed. There are numerous medicinal foods that are much vaunted, and all have their adherents. The 'Imperial Granum,' in my hands, has seemed to meet with all that is claimed for it, and experience has brought me to rely on its use where its special properties are indicated. In infantile diseases it has proved very efficacious, and I always direct its use when a child is being weaned. Koumyss has within the past few years been added to our list, and in some cases of gastric disturbances it has proved very valuable. Cocoa has been largely prescribed during the past few months, and, whilst it undoubtedly is a valuable tonic, still it should not be expected to take the place of food. Alcohol and various drugs are capable of exerting a stimulating effect, but should be used with great care, for there are many who today are addicted to its abuse who first indulged at the order of their physician. So in dealing with alcohol and opium there is a moral aspect that should enter into the consideration, and, if possible, I consider it much better policy to disguise its character when obliged by certain symptoms to employ it. Water is not very generally considered as food, but it certainly is under certain circumstances, and often can be retained when meat and everything else is rejected, and it serves the purpose of temporarily quenching the thirst in a case of fever. Eggs raw, or slightly boiled, are valuable adjuncts, and are very largely employed throughout the land, combined with milk. This is very sustaining and highly nutritious, and in most cases should be taken without any alcoholic addition. It is the duty of the nurse, as we have already observed, to attend the wants of the patient, but nourishment comes directly under the directions of the physician, and the nurse is looked to for their being properly carried out. We must never permit a patient to take a large quantity of food at any one time, but, on the contrary, he should be encouraged to rely on a small amount often repeated. Care should be taken that it be prepared in a manner calculated to tempt the appetite. Coaxing should, of course, be indulged in when necessary. The approximate amount of food and the time administered should be carefully tabulated. Absolute cleanliness should be observed in each detail, and each article should be prepared with great care, ever having it in view that it is for the patient. Fruit is indispensable to the sick room, and many there are who would thrive in every way on what might be termed a fruit diet. There are very few conditions that would of necessity prohibit the use of at least some kind of fruit, and generally this will prove more grateful and acceptable than anything else. In the present century we are enabled at no very great expense to avail ourselves of imported fruits during our winter months, so a very decided advantage is thus held over our ancestors, who, per force of circumstances, were unable to obtain any save native fruits. When broths are to be given let them be sufficiently hot, although not absolutely boiling, and have them carefully seasoned. When, on the contrary, cold drinks are ordered, care should be taken to insure their being reasonably cold. Nothing is so apt to discourage a nervous patient as bringing to his attention unpalatable food or drink; and in this we cannot exercise too much care, for we must remember the patient is fully supported in his objections and contempt at such edibles by the instructions given in Revelations iii. 16: 'Because thou art lukewarm, and neither hot nor cold, I will spew thee out of my mouth.'"—*The Microcosm*, New York, February, 1886.

THE CAUSE OF ELEVATED TEMPERATURE.—In an article in the New Orleans Medical and Surgical Journal, Dr. John B. Elliott, Professor of the Theory and Practice of Medicine, Tulane University of Louisiana, says:—

From the nature of the forced change involved when chemical energy transforms to tissue-building force, we are entitled to regard it as the most important of all the physiological processes of the body. In it energy becomes constructive, while in all other processes it is destructive. Its control and regulation must, therefore, be considered the highest function of the automatic centres.

It remains further to insist, in this connection, upon the strict quantitative relation existing between chemical energy which undergoes transformation in the body and the modes of force into which it is changed. This may be illustrated numerically by the following: Suppose an amount of chemical energy, represented by the number 12, to undergo transformation into work, heat, and tissue-building force; then the value of the

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work, heat, and tissue-building force in their sum, can never vary from twelve.

Furthermore, if we suppose in this case that the amount of energy expended in automatic muscular work=3; the amount contributed to normal body heat=3; and the amount devoted to tissue-building=6, then any change in the quantity of one of these forms must compel answering changes in the others. As the work (=3) is usually a fixed quantity, we may neglect it for our present purpose and confine our attention to the other two. Let us suppose, then, that the transformation of chemical energy into the highest form (tissue-building force) falls, through failure of the nervous system, from 6 to 4, then from the law of the conservation of energy, the value of the lowest (heat) must rise from 3 to 5; for tissue-building is a vital constructive process, sustained by nerve energy, and can cease immediately if that supporting power be withdrawn, while combustion is a chemical process and will not cease until the matter at its disposal shall be consumed. Anything, therefore, that arrests tissue-building must elevate temperature; or, anything that prevents chemical energy from passing into its highest transformation, tissue-building force, compels it to appear in its lowest form, heat.

In considering thus the mode of disintegration of the cell with which we began, we have practically reached an explanation of fever-heat. Yet before explicitly stating the theory we will better prepare for it by glancing at the mode of growth of our cell.

Every cell is an area of nervous influence. As the development of each cell begins from its parent cell, it too is born into and grows within the same influence. From the pabulum which comes to it food is selected through this influence both in kind and quantity, and of the chemical force which is being transformed about it this nervous control determines the amount which it is to appropriate, and the form it shall assume. Its whole life history is an unbroken play of forces as they build up the matter of its form under the control of nervous influence. The most important fact in its history is the lifting up of pabulum into the substance of its tissue molecules. As long as its healthy growth continues, the transformation of chemical energy into normal heat, and into tissue-building force, goes on under the even control of the nervous system. But let some disaster befall the controlling centres, and the tissue-building receives a check. The energy it was absorbing fails to reach its higher destination and appears as additional heat.

The remoter effect of this loss of nervous force, and the direct effect of the additional heat thus liberated, need some attention. The same nervous energy which sustains the development of a growing cell sustains also the integrity of the maturer cells about it. These perfected cells are in a state of unstable equilibrium. In almost equal balance, destructive forces and constructive forces are playing about them. In the natural order of events they are destined after their brief life is run to fall to pieces and go into disintegration as the last link in their functioning lives. But the nerve energy which supports them through this period is the only power which insures them their natural term of life. Take away this support and death and disintegration begin before their time.

Thus, more results from the loss of nerve-power than the simple checking of tissue-building. Arrested growth in developing cells means also premature death and more rapid disintegration in the mature cells. This last accident is likewise hastened by the increased heat which results when tissue-building ceases. Sensitive as are all delicate tissues to elevation of temperature, they become far more so when the nerve power which sustains them is withdrawn. Their death and disintegration is thus doubly hastened by the same nerve failure which checks tissue-building.

In what has been already said, our theory of elevated temperature has already found expression. It only remains to sum up the propositions discussed, and from them to formulate our theory. These propositions are:—

1st. Fever is not the expression of a disturbing agent, but of a thing disturbed.

2d. This "thing disturbed" is the nervous centre (or centres) controlling the distribution of the chemical energy within the human body.

3d. This chemical energy within the body is distributed into the forms of heat, automatic work, and tissue-building force of which heat is the lowest, and tissue-building force (since it is constructive) the highest form.

4th. Depression of the centre controlling these transformations causes it to fail in its highest function, tissue-building.

5th. As combustion goes on though tissue-building ceases, the energy which was destined for tissue-building force has now to appear as the lower form of heat.

6th. The same nerve failure which arrests tissue-construction and gives rise to heat favors also the breaking down of the tissue already formed, this latter process being likewise hastened by the elevated temperature.

From these our definition may be drawn as follows:—

Fever results from a depression of that nervous centre which controls the distribution of energy within the body, on account of which depression tissue-building ceases, and the energy destined to perform that act passes off into the lower form of heat. From this same failure of nerve-power, and from the heat resulting, tissue-destruction in the body is usually increased.—*Gaillard's Med. Journal.*

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BOOK REVIEWS.

The Essentials of Vaccination; a Compilation of Facts Relating to Vaccine Inoculation, and its Influence in the Prevention of Smallpox. By W. A. HARDAWAY, M.D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, etc. St. Louis, Mo.: J. H. Chambers & Co., 1886.

This interesting volume contains an account of the discovery of vaccination, a reference to the occurrence of variola in animals, and an elaborate discussion of the merits of the different methods of performing vaccination. It also contains a chapter on the dangers of spurious vaccination, and a chapter on the fallacies of the anti-vaccinationists.

Materia Medica and Therapeutics for Physicians and Students. By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and Therapeutics in the Jefferson Medical College, Philadelphia. Tenth edition, revised and enlarged, by CLEMENT BIDDLE, M.D., U.S.N., and HENRY MORRIS, M.D., Fellow of the College of Physicians, Philadelphia, etc. With numerous illustrations. Philadelphia: P. Blakiston, Son & Co., 1886.

The well-deserved popularity of Biddle's Materia Medica and Therapeutics is due to its concise, but comprehensive character. It contains a brief but complete description of the source, nature, uses, and dosage of every article of value in the materia medica. Nothing of importance is ignored, but lengthy and useless speculations are avoided. The tenth edition, just issued, has been revised and enlarged by the insertion of articles on all the recent additions to medical knowledge. Therapeutics has been given the prominence which it deserves. Full consideration has also been given to the physiological action of medicines.

The Surgery of the Human Brain. By JOHN B. ROBERTS, M.D., Professor of Surgery in the Philadelphia Polyclinic. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable monograph contains the address read by Professor Roberts before the American Surgical Association last year. It is an earnest plea for the inauguration of an active policy in the treatment of cerebral injuries, and is worthy of the attention of all progressive surgeons.

A Treatise on Bright's Disease of the Kidneys, its Pathology, Diagnosis, and Treatment. With chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By HENRY B. MILLARD, A.M., M.D. New York: William Wood & Co., 1886. Second edition, revised and enlarged.

This valuable work is the result of thirty years of extensive hospital and private practice, and fully deserves the praise which has been bestowed upon it. It contains an exhaustive review of the pathology, etiology, symptoms, and treatment of the various forms of acute and chronic nephritis. That portion of the volume which is devoted to treatment is almost encyclopædic in character, and contains many suggestions based on personal experience, which will prove invaluable in the management of these affections.

The Adirondacks as a Health Resort. By JOSEPH W. STICKLER, M.S., M.D. New York and London: G. P. Putnam's Sons, 1886.

The author of this interesting little book directs attention to the importance of a fact which is frequently overlooked—the value of climate in the treatment of disease. There are but few morbid conditions in which the importance of the selection of appropriate remedies has not been insisted on with emphasis by the great teachers of medicine, but the value of a suitable climate has not received the attention it deserves. The action of drugs is only transient, but the exhilarating and bracing influences of pure mountain air are exerted continuously, and slowly but surely fortify the system against the inroads of disease.

The climate of the Adirondacks appears to be especially suitable for those who are suffering from chronic bronchitis, chronic pneumonia, incipient or passive consumption. It is also of value in the treatment of insomnia, neurasthenia, chorea, anæmia, and all disorders of weak or imperfect nutrition.

Practical Notes on the Treatment of Skin Diseases, II., Eczema. By GEORGE H. ROHE, M.D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons. Baltimore: Published by the author.

This valuable monograph contains a concise but complete description of the symptoms, pathology, etiology, diagnosis, and treatment of that most frequent and annoying disease of the skin—eczema. The author writes from the standpoint of the practical physician, and has presented the results of a wide experience in a readable and instructive manner.

A Compend of Human Physiology. By A. P. BRUBAKER, A.M., M.D. Third edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1886.

The value and popularity of Dr. Brubaker's compend of physiology is sufficiently attested by the fact that a third edition has been issued within two years from its first publication. It contains all the essential facts of physiology, arranged in the manner best adapted to permanently impress themselves upon the minds of its readers.

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Diseases of the Ear. By OSCAR D. POMEROY, M.D., Surgeon to the Manhattan Eye and Ear Hospital, etc. Second edition, revised, with additions. New York: D. Appleton & Co., 1886.

The first edition of this work appeared about two years ago. The second edition is slightly enlarged, and many changes have been made. It comprises about four hundred pages of well-written matter. Dr. Pomeroy's style is clear and simple. The illustrations—of which there are one hundred—are, on the whole, fair. We judge, from the appearance of two or three, that the photographs from which the cuts were made were not superior ones; but we are also well aware, that to obtain a good photograph in clinical work is by no means always possible. A poor photograph is sometimes better than a good diagram. The author is especially clear in his treatment of the subject of therapeutics. He strongly advocates the employment of the syringe, and that only in removing impacted serum from the ear; stating that in one hundred cases he had used other means but once. Warm water is the material he uses in general. In speaking of the management of the naso-pharyngeal space in chronic aural catarrh, he does not speak very favorably of the use of Thudicum's douche, for the reason that water is sometimes sent into the ear by its use, causing, occasionally, violent inflammation of the tympanum, with rupture of the drum membrane, and even extension to the mastoid cells. For years the doctor has discarded the probang, brush, and cotton on a holder, for applications to the upper pharyngeal space. The spray instrument, with a tip for throwing the spray upward, is the one he uses. Nitrate of silver, in solutions of various strength—from weak up to the saturated solution—seems to be the great remedy in Dr. Pomeroy's therapeutics. Some of the applications of his stronger solutions impress one as being rather heroic, especially if employed by those of less experience than the doctor. When speaking of the treatment of chronic suppurative otitis, amongst other remedies, he discusses boracic acid and extols its virtues. In support of his views, he presents notes on a number of cases treated by filling the meatus with finely powdered boracic acid. The author, in this connection, gives the results of the boracic acid treatment in one hundred and thirty cases, of which in seventy-five the discharge ceased without other remedies. The shortest duration of successful treatment was six days; the average duration in successful cases, three weeks. Dr. Pomeroy reports one case where deafness seemed to depend on mental and nervous exhaustion. The interesting subject of deafness from mumps, is accorded more space than is usual in text-books. The clinical aspect of this work is worthy of note. The subjects treated of are well illustrated with notes of cases, thus imparting to the book a life which nothing else can give.

Local Anæsthesia in General Medicine and Surgery. Being the Practical Application of the Author's Recent Discoveries. By J. LEONARD CORNING, M.D. New York: D. Appleton & Co., 1886.

The author's method of local anæsthetization, as set forth in this little volume, is simply to retain the cocaine in contact with the part to be anæsthetized by cutting off the circulation in those parts. Believing that the transient character of the local action of the cocaine when injected subcutaneously, depended upon the fact that it was carried rapidly away by the circulating blood, he devised the expedient of preventing rapid diffusion by checking the rapidity of the circulation. After experimenting upon various methods, the doctor arrived at the methods so well described in the little work before us. The book merits careful consideration, as being an interesting and practical original contribution to surgery.

Twelfth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the Fiscal Year ending September 30, 1884. Lansing, Mich.: W. S. George & Co.

The report is arranged in two parts. "The first contains the secretary's report of work of the Board, the annual report of property, including accessions to the library, with names of donors, and certain special reports and communications. The second part contains eighteen papers, abstracts, and reports, mostly by members of this Board, fifteen of which were prepared in the office of the secretary." There are supplements to the report, containing proceedings and addresses at the sanitary conventions held at Ionia, December 13th and 14th, 1883, and at Hillsdale, April 17th and 18th, 1884.

Guide to the Examination of the Urine, with Special Reference to the Diseases of the Urinary Apparatus. By K. B. HOFFMAN and R. ULTZMANN. Second edition. Translated and edited by F. FORCHHEIMER, M.D. Woodruff, Cox & Co., Publishers, 72 West Fourth Street, Cincinnati.

Viewed from a general standpoint, the book before us may be said to be quite an improvement over the majority of the smaller works on urinary examination. The subjects treated of are nicely arranged, beginning, as the book does, with the histology of the urinary apparatus, followed by a study of the secretion of urine. The physical properties, chemical composition, and sediment, both in health and disease, claim their respective shares of attention. We think, how-

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ever, that there is room for improvement in several of the illustrations; some of the casts, for example, are not so true to nature as desirable. The seventh chapter is devoted to general diagnosis as revealed by urinary examination, and the eighth, to diagnosis of diseases of the urinary apparatus. Thus, fifty-four pages are given to the practical application of the foregoing studies. Looked at from a clinical standpoint, the book certainly posseses great merit. Throughout the work are pointed out the practical applications of the knowledge derived from the examinations. The index—a most important part of a book—seems to be complete.

First Annual Report of the State Board of Health of the State of Kansas. 8vo., pp. 183, Topeka, 1886.

The volume gives the information usually found in State reports, and the suggestions in preventive medicine are good.

Drainage for Health, or Easy Lessons in Sanitary Science. 8vo., pp. 74. By JOSEPH WILSON, M.D., Medical Director, U.S.N. Philadelphia: P. Blakiston, Son & Co., 1886.

A readable book, full of good advice for city and country house owners. Its style is good, and the price ($1) nothing, considering its worth.

The Methods of Bacteriological Research. By FERDINAND HUEPPE. Translated by HERMANN M. BIGGS, M.D. 8vo., pp. 218. Illustrated. New York: D. Appleton & Co., 1886.

To the student who desires to gaze upon the terrible germs which kill so many of us to-day, but whose progenitors spared our ancestors, this volume will be welcome. The author gives the means of discovering and developing all the known micro-germs, and he has evidently been enthusiastic in his labors. To the English reader the book is valuable, no other taking its place.

NEW PUBLICATIONS RECEIVED.

Typhoid Fever in Philadelphia, by Henry Leffmann, M.D.

Fracture of the Coracoid Process, by J. Wellington Byers, M.D., Charlotte, N. C.

The Organization of Local Boards of Health, by Benjamin Lee, A.M., M.D., Philadelphia.

Dermatitis Ferox, by J. L. Milton, M.D. Reprint from the Edinburgh Medical Journal.

Esthetics of Medicine, by H. A. Cottell, M.D. Reprint from The American Practitioner and News.

Puerperal Pyrexia, by George P. Andrews, M.D., Detroit, Mich. Reprint from the American Lancet.

Clinical Lecture on Orthopædic Surgery, by A. Sidney Roberts, M.D. Reprint from The Medical News.

Report of a Case of Cæsarean Operation, with Some Comments, by Edward W. Jenks, M.D., Detroit, Mich.

Supernumerary Mammary Glands and Nipples; Three Cases, by William A. Edwards, M.D., Philadelphia. Reprint from The Medical News,

Southern Florida; A Winter Sanitarium, by William A. Edwards, M.D., Philadelphia. Reprint from The Philadelphia Medical Times.

Report of a Case of Hydatiform Pregnancy, by E. J. Doering, A.M., M.D., Chicago, Ills. Reprint from The Chicago Medical Journal and Examiner.

A New Departure in Uterine Therapeutics. The Dry Treatment, by George J. Engelmann, M.D., St. Louis, Mo. Reprint from St. Louis Courier of Medicine.

Cocaine in Hay Fever. A Lecture Delivered at the Chicago Medical College, by Seth S. Bishop, M.D., Chicago, Ills. Reprint from Journal of American Medical Association.

Catarrh of the Upper Air-Tract, Especially its Effects on the Ear, with Suggestions as to Treatment, by Samuel Sexton, M.D., New York. Reprint from The Medical Record.

Copies of the Report of Dr. Edward Arning to the Hawaiian Board of Health, and the Correspondence Arising Therefrom. Reprinted by the Hawaiian Gazette Publishing Company, Honolulu.

What is Medicine? The Annual Address Delivered before the American Academy of Medicine, by Albert L. Gihon, A.M., M.D., Medical Director, U. S. Navy, President of the Academy.

Note-Book for Cases of Ovarian and Other Abdominal Tumors, Adopted from the Note-Books of Sir Spencer Wells, by John Homans, M.D., Clinical Instructor in Harvard College. Cupples, Upham & Co., Boston, Mass.

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COMMERCIAL NEWS.

English and American Infants'-Food.

Dr. Stutzer, of Bonn, Germany, food analyst for Rhenish Prussia, in a report of experiments to ascertain the comparative value of English and American infant foods, says: Carnrick's Soluble Food is the best of all foods examined. It excels the other foods by its greater amount of nitrogenous substances (18.22 per cent.) and by a rationally relative proportion (1:4.4) of its essential constituents. It also contains a larger quantity of the bone-forming inorganic substances, and of the solid constituents of milk.

According to the statement of the manufacturer, the milk entering into this food is previously treated with Pancreatine, thus rendering the casein more easy of digestion. This certainly is a very rational method, and, as far as I know, is applied by no other manufacturer of Infants' Food. It is also very pleasant to the taste.

Uterine Tonic.

I have tested Aletris Cordial (Rio) and find it to be an excellent Uterine Tonic.

Durell, Pa. F. A. Thompson, M.D.

Improved Nutrients.

Often the most puzzling problem presented to the physician in the treatment of grave diseases, accompanied by great enfeeblement of the digestive functions, is the selection of a suitable nutrient. Such a food must necessarily contain in the most easily assimilable form, the most highly nutrient principles, and must be either devoid of taste or sufficiently palatable to please the most sensitive palate. To this end manufacturers have long been experimenting, and not a few now profess to prepare a food adapted to every condition of feeble digestion, whether due to lack of development of the digestive organs, as in the young infant, or to loss of tone and function through disease. Indeed, the difficulty now seems to be for the physician to select from an embarrassment of riches. It is needless to remind the intelligent physician that, to do this acceptably, he must study the individual case, determine the portion of the digestive apparatus at fault, and endeavor artificially to assist the functions of the enfeebled organ. With this knowledge of the case before him, the patient's like or dislike for a food will afford a further guide to selection, for it not infrequently happens that of several pre-digested foods offered, one alone may be acceptable to the patient and admit of being administered continuously for any considerable period.

Since beef-tea, which for a long time was the chief nourishment afforded the sick, has been looked upon with less favor, a rational study of the question of condensed nutriments has resulted in the preparation of a variety of excellent foods, among which we may specially mention Powder of Beef and Peptonized Extract of of Beef, prepared by Messrs. Parke, Davis & Co.

A great advance in the dietetics of the sick room was also made when pharmacists placed before the medical profession the means of conveniently peptonizing and pre-digesting various foods at will. Thus, with the peptonizing and digestive tablets furnished by the pharmacists mentioned above, such food as milk, gruel, oysters, wine, jelly, etc. may be peptonized by the physician or nurse prior to administration. Without disputing the role played by drugs in modifying the course of disease, most thoughtful observers will grant that their place in the cure of disease scarcely ranks higher than that of carefully selected nutrients, and that, other things being equal, that physician treats his patient most successfully and acceptably who selects for him a palatable and nutritious diet suited to the stages of his malady.—*New York Medical Journal*, March 6, 1886.

Night Sweats.

I have tried Kennedy's Pinus Canadensis, and it afforded much relief in the debility marked by profuse night sweats in a consumptive.

Barrie, Can. E. B. Cropton, M.D.

It Will Pay You.

It will pay you whenever you find by experience that a preparation made by one manufacturer will do good work for you, to prescribe only that particular preparation made by that particular manufacturer, and not to let your local druggist substitute some other preparation, otherwise your reputation will suffer.

It will pay you to try Bromidia, as it certainly is the best hypnotic,

It will pay you to try Celerina, as it is by all odds the best nerve tonic.

It will pay you to try Listerine, as it is without doubt, the safest, most pleasant, and best antiseptic.

It will pay you to designate the name of the manufacturers in all your prescriptions, and to keep your eyes open, read all the advertisements in the medical journals, look out for your reputation by trying to get hold of the best preparations, and do not be influenced by your druggist.—*Medical Brief.*

Colden's Liquid Beef Tonic

is a first-class preparation, containing not only the nutritive qualities of the beef, but the permanent tonic properties of iron, quinine, etc. For immediate life-giving properties it can hardly be surpassed.—Dr. C. A. Bryce, Editor *Southern Clinic*, Richmond, Va.

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MEDICAL BULLETIN:

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VOL. VIII. PHILADELPHIA, JUNE, 1886. No. 6.

A CLINICAL LECTURE.

CATARRHAL JAUNDICE.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: We have here a case of jaundice. As this man walks around you see that he has jaundice. All the tissues of his body are stained by the coloring matter of the bile, which exists in the blood in undue proportion. I say all the tissues; the skin, the mucous membrane, the gums, and just so the brain, the heart, and the bones. They are all yellow. All the secretions are stained, the urine, the tears, the humors of the eye; every part of this man's body is stained with bile, excepting the contents of the bowel, and these are of a clay or putty color, owing to the absence of bile.

Jaundice is either dependent upon suppression of the bile, in which case the bile-forming function ceases and the coloring matter remains in the blood, or it is dependent upon retention and resorption of the bile. The exit of the bile through the gall-ducts being prevented, it becomes dammed up, as it were, and is absorbed by the blood.

Jaundice from suppression is comparatively rare. It is found principally under the following circumstances. In the first place, a powerful nervous influence will cause a complete drying up of the bile, just as a like cause will cause an arrest of the flow of milk in a nursing woman, just as it will cause the tears to dry up; so the bile may be entirely arrested and jaundice come on in two or three hours from suppression. Again, jaundice from suppression exists when the organic structure of the liver is seriously diseased, as in advanced fatty degeneration, when the cells are to a great extent converted into fat; also in acute inflammatory degeneration of the liver, the so-called acute yellow atrophy of the liver. Then we have jaundice, possibly from suppression, in such grave blood diseases as yellow fever; but in these cases the exact pathology of the jaundice has not been determined. It may be due to changes in the coloring matter of the blood (hæmic or hæmatogenic jaundice). Jaundice from suppression is, as I have already said, comparatively rare. In the majority of cases, jaundice is not due to torpidity of the liver, not due to non-secretion of the bile, but to the fact that the bile which is secreted cannot escape. When I meet with a case of jaundice I first ask myself, "What cause is there producing obstruction in this case?" If I can find no obstructing cause, I then begin to suspect some grave disease of the liver. The causes of obstruction are very numerous, and we shall meet with some of them as we study this case.

The symptoms of jaundice are very plain. There is staining of the tissues and the secretions, particularly the urine, which becomes dark-red, then brownish-red, and then perhaps as dark as porter, and gives, with Pettenkoffer's test (sulphuric acid and sugar), a cherry-red color, due to the presence of the biliary acids. A glance at the urine is generally sufficient to determine the presence of bile, or a small quantity may be put on a plate and nitric acid added. If

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bile is present there will be the characteristic play of colors.

Here is our first patient, a jeweller. He has been troubled with his liver for several years, and for a year has had jaundice off and on. He sometimes gets entirely white. The attacks he thinks result from indigestion and taking cold. They are preceded by a slight pain in the region of the liver. He has lost considerable flesh. He has never had chills and fever. Does not drink much.

Perhaps the most common cause of jaundice from retention is catarrh of the bile ducts, resulting from attacks of indigestion, or more commonly from cold. The common bile-duct as it enters the intestine passes obliquely through the walls of the duodenum.

When a person gets a slight attack of gastro-duodenitis, an acute catarrhal condition, which might follow a little indigestible food or taking cold, the mucous membrane of the duodenum becomes swollen and closes the mouth of the duct, or the inflammation may extend to the bile ducts, producing gastro-duodenal hepatic catarrh, and causing obstruction to the flow of bile by the swelling of the mucous membrane. This is, of all the conditions causing jaundice, by far the most common. When a man has had it once, he is very liable to get it again, unless the first attack has been perfectly cured. This man appears to have had such a condition of affairs.

Catarrhal icterus is accompanied generally by nausea, vomiting, some little diarrhœa and pain in the epigastrium. After this has lasted for a few days, the stools become pale (devoid of bile), and the conjunctiva a little yellow. The diarrhœa may or may not continue. As the case advances, the jaundice deepens, the stools become less in number and jaundice may occur. We then have a fully developed case of icterus. This may be a single acute attack, which will in a short time end in recovery under judicious medical and hygienic treatment, great care being taken to prevent exposure to any depressing cause, particularly changes of weather and damp, the use of counter-irritation over the liver, the employment of alkaline laxatives, particularly sulphate of soda in the form of Carlsbad water (Rochelle salts will do almost as well), a very restricted diet, and, in addition, some alterative astringent, as bismuth, calomel in small doses, the salts of silver, or, if the irritation is slight, the mineral acids (nitro-muriatic). Under this treatment the attack usually passes over in ten days or two weeks; but it leaves a spot very liable to relapse, so that after a man has had one attack he frequently has several. I have often seen patients who for five or six years had spells of jaundice at intervals of a few days, a few weeks, or perhaps a few months, brought on by inconceivably trifling causes. There is in such cases a chronic thickening of the mucous membrane of the bile-duct. Picture to yourselves a man with chronic nasal catarrh, a chronic thickening of the Schneiderian membrane. Let such a one stand in a draught or get his feet wet, and within half an hour his head will be completely stopped up. It is the same way in the bile-ducts, the slight swelling obstructs the flow of the bile and causes jaundice. Chronic catarrhal icterus is one of the commonest sorts of jaundice. In these cases, careful attention to dress, diet, and hygiene, continued counter-irritation, guarding the hepatic zone with a flannel belt, the prolonged use of the drugs that I have mentioned, combined with Carlsbad water, or some preparation of alkaline salines, will usually result in a cure.

The most useful of all alteratives is nitrate of silver. I use it with great confidence, carrying it as far as I think safe.

As to the mode of administration, I think that its value is so well recognized by the profession that it is not necessary to speak of that. The dread of the laity is discoloration of the skin from the use of nitrate of silver. The only cases in which I have seen discoloration is where the drug has been taken for a long time for epilepsy. In three instances (the only ones that have occurred in Philadelphia for a long time, two of these were wives of physicians), the patients had gotten hold of old prescriptions containing nitrate of silver, and had taken it continuously for from three to eight years. I have never had a case of argyria in my own practice, although I prescribe nitrate of silver very constantly. I know of no drug more useful in chronic irritation of the gastro-intestinal mucous membrane, and chronic irritation of this membrane is the most common malady that we have to treat in this climate. I give the drug in pill form, in divided doses, guarding it, if the bowels are loose, with opium, or, if the bowels are constipated, associating with it a little belladonna, and sometimes adding to the belladonna, nux vomica, if there are evi-

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dences of atony of the muscular structure of the bowel. A favorite formula is—

℞. Extracti opii . . . gr. iij.
Argenti nitratis . . . gr. vj.
M. et ft. mas. in pil. xxiv, div.
Sig.—One thrice daily one hour after meals.

Thirty grains of nitrate of silver can be taken without any danger of discoloring the skin. According to the above formula the patient will receive three-fourths of a grain of silver daily, so that he can safely take the pills for forty days, but we shall only give it for thirty days. He will have then taken twenty-four grains. After having taken this amount he will discontinue the drug for two weeks. If there were a little constipation, I should use the following:—

℞. Argenti nitratis . . . gr. iv.
Ext. belladonna . . . gr. ij.
Ext. nucis vomica . . gr. vj.
M. et ft. mas. in pil. xxiv, div.

Before the skin becomes discolored the gums become blue. A bluish-red line appears at the junction of the teeth and gums. Just as we have a blue line in lead poisoning, so in argyria we have a similar line before the discoloration of the skin.

After giving the remedy for one month stop, and in the interval use some other remedy, of which I shall speak presently. When the use of nitrate of silver is resumed give the pills until eighteen grains of the drug have been taken, and then again stop for two weeks. In this way I have often given eighty grains of nitrate of silver in six months, and have never seen any bad results from it; not that I recommend you to give such large quantities, but in bad cases you can do so with safety.

During the intervals you must use some other remedy. Muriate of ammonia is very useful. Iodide of potassium is also very useful. I might stop here to tell you how to give this drug with the view of affecting the mucous membranes and the liver in chronic catarrhal conditions of that organ. Iodide of potassium is commonly prescribed (I suppose from fear that it will derange the stomach), to be taken in water, immediately after meals. When it is given in large doses, for constitutional syphilis, it is well to give it so, especially if it is associated with the bichloride of mercury; but if you are giving it in catarrhal disease and to affect distant organs, it is better to give it freely diluted and on an empty stomach. I would order, for instance—

℞. Potassii iodidi . . . . ʒij.
Aq. destillatæ. . . . Oj.
Sig.—A teaspoonful in half a glassful of water three times a day on an empty stomach.

It may be taken at 11 o'clock, 5 o'clock, and at bedtime, giving it as far away from the meals as is possible. The dose should be gradually increased to two, three, four teaspoonfuls, a tablespoonful, or more, according to the tolerance of the system. If this causes any irritation you will find that Apollinaris or Seltzer water will act better than pure water, or if you add a little bicarbonate of soda or even chloride of sodium to the water in which you dissolve the iodide of potassium it will act better than simple distilled water. We should give then in the interval muriate of ammonia, iodide of potassium, or the mineral acids.

Catarrhal jaundice sometimes comes on with pain. You should in such cases carefully inquire in order to determine whether or not the pain was severe enough to justify the inference that a gall stone had passed, for after catarrhal obstruction gall stones are the most common cause of jaundice from retention. If a patient passes a gall stone it may scratch the lining of the gall ducts, leaving behind a state of irritation that may cause inflammatory swelling and finally lead to a chronic inflammatory condition.

Now, as to the character of the pain produced by gall stones. It comes on, as a rule, pretty suddenly and sharply, very generally in the region of the gall bladder, extending around the base of the chest and up toward the right shoulder. Pain seated over the liver is a very constant symptom. There may or may not be soreness. There is usually nausea and vomiting. The matters vomited are at first the contents of the stomach, then mucus, and finally bilious matter. There is a feeling of weakness, the extremities become cold, the patient feels faint, and the pain may bring on a syncopal condition. The pain may last for fifteen minutes, an hour, several hours, or in cases of severity, until conquered by hypodermic injections of morphia, large doses of opium, or the inhalation of ether. After the pain passes away the patient has a sort of bruised feeling and tenderness in the epigastrium—the amount of this depending upon the amount of injury caused by the stone in its passage. If the obstruction has lasted some little time, we may find the jaundice coming on the next day, the urine loaded with bile

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and the stools putty colored. It is greatly to be regretted that in all these cases a careful search is not made to find the stone in the feces.

The relations between gall stones and catarrhal icterus are very interesting and double. A gall stone may form, and passing through the gall duct, scratch the mucous membrane, and lead to a chronic inflammation, or, on the other hand, the bile may be obstructed by catarrh of the ducts, stagnate in the gall bladder, and lead to the formation of gall stones. You will not, therefore, be surprised to find the two affections frequently present at the same time. A patient with catarrhal icterus may, after he has gotten considerably better of the jaundice, have a severe attack of pain followed by the passage of three or four stones; under treatment the obstruction has been removed and the stone allowed to enter the duct. The stone may have been present before the attack of catarrhal jaundice, or it may have formed as a result of the stagnation of the bile.

Only yesterday I saw a gall stone from a lady who was under my care three or four years ago. She had had frequent attacks of catarrhal icterus, unaccompanied by much pain. It was an obstinate case, but she became much better and returned to her home. Shortly afterward she had a very severe attack, accompanied by pain, nausea, vomiting, paleness, and coldness. Her physician reported to me. I telegraphed, "search the stools." Five stones were found. She again became better, and several months passed when she had another attack and a number of more stones were passed. Day before yesterday the largest of all was passed; large, with its facets polished. It had been lying in the gall bladder for several years. All this time she had been under judicious treatment to prevent the formation of gall stones.

Whenever the patient has had pain of sufficient gravity to justify the suspicion of gall stones, search the stools every time he has an attack.

Other causes of jaundice from obstruction are tumors pressing upon the gall ducts, such as cancer, enlarged glands in the fissure of the liver, disease of the head of the pancreas, and local inflammation giving rise to induration, adhesion, and contraction. These cause obstruction to the flow of the bile through the ducts and jaundice from retention.

Now, let me again call attention to this patient. He has been complaining with his liver for four or five years. Lives in Philadelphia; does not drink much. Five years ago had a violent attack of pain, said to be due to gall stones. Soreness remained for two or three weeks. Has had more or less pain in the region of the liver. The attacks of jaundice come and go. They are brought on by taking cold and indigestion. We wish first to get rid of the jaundice. This, I think, we can do, for it is clear that there is not an impacted gall stone. When a stone is too large to pass through the ducts, the patient suffers intense pain, the jaundice is great, the urine is loaded with bile, and the stools are white, blood poisoning results, and altogether it is a very serious condition. If the stone becomes impacted in the main bile duct it soon results fatally. This man has a chronic catarrh of the mucous membrane of the gall ducts with a suspicion of gall stone.

I shall order him a diet of a very restricted character. At breakfast he can drink tea, weak cocoa, or cambric tea (milk and hot water), but no coffee, and eat some stale bread, mush and milk, and occasionally a small piece of lean meat. At 10 o'clock he can take a glass of buttermilk. At dinner, lean meat, green vegetables, spinach, stewed tomatoes, stewed celery, or canned string beans, but no dessert. With this he can take stale bread and water. At supper time, vegetables, tea, milk, or cambric tea. No rich food nor butter, and but little sugar should be given. In the evening he can take another glass of buttermilk. That will be an ample and nourishing diet, and at the same time unirritating. He will take a teaspoonful of Carlsbad salt, dissolved in half a glass of hot water, the first thing in the morning and again in the evening. I shall order him a pill containing—

℞. Argenti nitratis . . gr. ¼.
Pulv. opii . . . gr. ¼.
Ext. belladonnæ . . gr. $\frac{1}{10}$.
Three times a day.

I want now to call your attention to the importance of enlargement of the liver as bearing upon the question of jaundice from obstruction.

This man has just been admitted. His abdomen is now exposed and you see how he has scratched himself. You will frequently meet with this condition, due to the irritation and itching caused by the bile.

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I have here a short history of the case, which I shall read: "J. C., moderate drinker and smoker; no venereal disease; has been sick ten weeks. The trouble began with itching of the skin, nausea, vomiting, and pain in the pit of the stomach. Before the jaundice appeared the bowels were regular, afterward they were irregular, mostly diarrhœa with white stools. Jaundice came on about a week after the first symptoms. The urine has a specific gravity of 1017, and on standing deposits amorphous urates, is loaded with bile pigment, but contains no albumen." Here is an acute attack of jaundice running on to a chronic condition.

The epigastrium is decidedly full. There is resonance below the spleen, showing that there is no enlargement of that organ. There is resonance over the lower part of the abdomen. The liver dulness begins a full hand's breadth below the margin of the ribs. It is distinctly hard to the touch all over the epigastrium. Both the right and left lobes are enlarged. Here is a case of jaundice coming on for nine weeks, with rather acute symptoms of gastro-intestinal irritation, in a young man.

What is the cause of the enlargement? The common causes of enlargement along with jaundice are chronic congestion of the liver, which often gives rise to very great enlargement, tumors of the liver—for convenience grouping them all under the name of sarcoma, though they may be malignant or non-malignant—tumors about the liver, abscess of the liver, and cystic tumors or hydatids. These are the common causes. Then we have as a cause of enlargement of the liver which does not usually give rise to jaundice, albuminoid degeneration. I should have stated under the head of chronic congestion that we sometimes have an inflammatory condition of the liver with enlargement, inflammation and hypertrophy of the inter-lobular connective tissue not followed by contraction (hypertrophic cirrhosis).

These then are the conditions of which you have to think when you come across a case of jaundice with enlargement of the liver. It is usually easy to distinguish between them, as they occur under different conditions and in different sorts of patients. Albuminoid degeneration is a constitutional disease, and usually the spleen and kidneys are also affected. There is enlargement of the spleen and albuminuria from implication of the kidneys. It occurs in patients who are for the most part old syphilitic cases, or else have had long standing pus discharges from some source; old phthisical patients, subjects of long standing chronic bronchitis; necrosis of the bones, long and copiously discharging fistulæ, patients saturated with syphilis, these are the cases that get albuminoid livers. In this disease the liver is large but retains its natural outline; it is not tender; the spleen is also enlarged. Jaundice is not common, but on the other hand dropsy is very common, usually ascites.

This man has had no venereal disease and no discharge of pus. This has come on acutely, with pain and jaundice. There is no affection of the spleen and no albuminuria. We may safely say that he has not albuminoid degeneration of the liver.

Tumors, cystic or solid. We determine the presence of these for the most part by finding that there is a distinct prominence which is separable from the general mass of the liver. You may come across cases in which carcinoma of the liver is infiltrated. The liver becomes enlarged and retains its outline, but there are scattered through it many (perhaps hundreds) nodules of carcinoma from the size of a pea to that of an English walnut, none of them, however, being large enough to cause a distinct tumor. This is a rare condition and is much harder to distinguish than that in which there is a nodule projecting from the surface of the liver. The first thing to determine is whether or not the enlargement of the liver is regular. In this case it is regular and uniform. There is apparently no cystic nor solid tumor, unless it is a case of infiltrated neoplasm. His age is against the idea of cancer, for it is very rare to have cancer of the liver in such young subjects, although I have the specimens from a man scarcely older than this one who died from an infiltrated cancer of the liver. Again the attacks come on acutely with symptoms of gastro intestinal irritation, and then came jaundice.

There is no tumor that fluctuates as a cystic tumor would, and then these tumors do not usually give rise to jaundice.

We now come to abscess of the liver. This is one of the most delicate points in the consideration of jaundice—the existence or non-existence of abscess of the liver. It brings us to consider the question of fever as associated

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with enlargement and pain. In a case of enlargement the question arises, Is it associated with fever or not? You ask the patient, "Do you have creeps, then fever, followed by sweats?" Usually, "No, not at all," will be the answer. This patient has had no fever. His skin is cool, the pulse is good. Let me say in passing, that you very often find that the presence of bile in the blood makes the pulse slow. This man's pulse is 48 in the minute. This is not at all uncommon.

I should sharply divide those cases in which there is fever from those in which there is no fever. Malignant disease is unaccompanied by fever. Hypertrophic cirrhosis and simple chronic congestion have no fever, but abscess of the liver has fever of a hectic character. Catarrhal inflammation with obstruction of the ducts and damming up of their contents, leading to disorganization of the retained matters, is accompanied by fever, and in these cases the liver becomes so congested that we have enlargement of the organ. Abscess and chronic catarrhal inflammation with decomposition of the bile give rise to fever. Other causes of enlargement do not produce fever. You see, therefore, the importance of determining the presence or absence of fever.

This man says that he has no fever, consequently that would be a strong point against abscess. I will not say that it absolutely dismisses abscess, for sometimes there may be latent abscesses of the liver. I must say a word to you on this point. There are several parties to-day who assert that latent abscess of the liver is a common condition, that it exists in many persons, and that many hypochondriacs have latent abscess of the liver. My own experience, both in hospital and private practice, and that of the bulk of the profession is against the prevalence of hepatic abscess, and very strongly against the existence of hepatic abscess without distinct symptoms of abscess. Latent abscess may exist in very rare instances, but I am satisfied that these cases are most exceptional. It is certainly most unjustifiable to stick trocars into a man's liver under the idea that he may have a latent abscess. It will, as a rule, do no harm, I admit, but I think that we should not tap the liver unless there are symptoms leading us to suspect an abscess.

At a subsequent lecture I shall give you an opportunity to again see these patients.

SELECTED ARTICLE.

THE PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE THIRTY-SEVENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, TUESDAY, MAY 4, 1886.

BY WILLIAM BRODIE, M.D., OF DETROIT, MICH.

GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION: With great pleasure I congratulate you on your coming together to renew old friendships, to make further acquaintances, and to add to the general storehouse of medical information, thus demonstrating to our fellow-citizens that the medical profession are not only interested in its own welfare, but also in theirs. . . .

It is my purpose in addressing you at this time to confine myself chiefly to matters pertaining to the progress, interest, and welfare of this association. Although I may seem to tread in the footsteps of my predecessor, Dr. Flint, in his address at Washington, and the subject may seem familiar, yet I have an entirely different object in view.*

When the first national meeting of the profession, under the call of the New York State Medical Society, was held in the city of New York, May 5, 1846, Dr. I. Hays, of Philadelphia, moved, and it was resolved, "That it is expedient for the medical profession of the United States to institute a National Medical Association for the protection of their interests; for the maintenance of their honor and respectability; for the advancement of their knowledge and the extension of their usefulness." Upon this broad foundation has arisen the largest representative medical association known in history.

At this gathering one hundred and twenty medical men met in consultation. They fully endorsed the resolution presented by Dr. Hays; they also recognized the necessity of a united profession, and in order to attain this great end they resolved that a committee of three members should be appointed to report a plan of organization at a future meeting, to be held in Philadelphia the first Tuesday in May, 1847.

They also recognized that a uniform and elevated standard of medical education should

*See Organization American Medical Association, Preliminary Volume.

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be adopted by all the medical schools for the degree of M.D. in the United States, and to properly present this question to the profession and the schools they appointed a committee to report at the same time.

They also recognized the fact that men were being educated who had received no suitable preliminary training, and they appointed a committee to report a standard of requirements which should be exacted of such young men as purposed entering upon the study of medicine.

They also recognized that principle was one thing, and conduct another, and that the golden rule, however sound and correct, failed in practice; that, however good the intention, experience had shown that written rules and regulations were of much more binding force than abstract reasoning and even Divine Law. They therefore deemed it essential that the entire medical profession in the United States should be governed by the same Code of Ethics, and to that end a committee was appointed to report.

The question of the union of teaching and licensing in the same hands was also considered. It was believed to be wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on medical colleges and State and county medical societies (as was then the custom), it was deemed best that it should be restricted to one board in each State, a principle now fully recognized and practically carried out by the State of Illinois. This was also referred to a committee to report.

The subject of urging upon the several State governments the adoption of measures for a registration of marriages, births, and deaths, was favorably considered, and referred to a committee.

They also considered the necessity of a proper nomenclature of diseases, adapted to the United States, with reference to a general registration. This was also referred for report.

According to the best information I can obtain, only four of these pioneers of this association are now living. To them this association owes a debt of gratitude which can never be paid. Of these four, two have been honored by the presidency—Dr. A. Stillé and Dr. N. S. Davis. Drs. Alonzo Clark and Lewis P. Bush are the other two. All have reached their three-score years and ten.

The convention of 1846 adjourned to meet in Philadelphia, May 5, 1847. Twenty-two States and the District of Columbia were represented at that meeting by two hundred and forty-seven delegates. Considering the modes of travelling at that day it was a large representation of the profession of our country, and again showed the interest in the organization of this association. At this meeting the report of the Committee on the Organization of the American Medical Association was adopted, Dr. John Watson, of New York, chairman, and, what is remarkable, stands with but slight changes as the present constitution.

The report of the Committee upon a Uniform and Elevated Standard of Requirements for Graduation in Medicine, which was adopted, called the attention of the profession to the necessity of a more rigid examination and a higher degree of preliminary education. The Educational Department at once recognized the value of the suggestion, and to-day we find the medical schools giving more attention to the quality of their graduates than to the numbers of those who receive from them the degree of M.D.

The report of the Committee on Preliminary Education aroused the attention of both the private preceptors and the medical schools to the deficiencies of young men desirous of entering the profession. The time had come when the demand for medical men with a modicum of preliminary education was less than the supply. By means of the system of common schools, academies, colleges, and universities, the people themselves were more highly educated. Men entering into the learned professions readily observed that, in order to gain the respect of their patrons, who were educated, they themselves must also be educated. This report at once gave a stimulus in the proper direction, and from that day to the present, preliminary acquirements of a higher standard are required by all medical colleges which have any regard for the standing of their graduates. Education is the requisite of a gentleman, and no one should be allowed to enter the portals of the medical profession who has not that qualification.

The committee, under the resolution that it is expedient that the medical profession should be governed by the same Code of Medical Ethics in this country, founded their report on the "basis of religion and morality," which comprised not only the duties but also the rights of

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physician. The high character of that committee, their age and experience, fully qualified them for the delicate duty imposed upon them. Time has fully proved the wisdom of that report.

The Code of Ethics as adopted has stood the test of nearly forty years, and for more than nine-tenths of the regular medical profession of these United States constitutes their rule of action and professional government.

Even those styling themselves eclectics or homœopathists, have copied its principles in their constitutions, and made it the basis of their relations to one another and to the public. The government of the United States is based upon a written constitution; States and municipalities are governed by the same principles. The doctrines of majorities as thereby inculcated governs the action of organized society in its minute ramifications; the medical profession is no exception. We meet here to-day upon this broad principle, and what is most remarkable, of every State medical society, county society, or local organization which has adopted the Code, only one has repudiated it and entered upon the role of a solitary minority —I allude to the Medical Society of the State of New York, from which came the invitation in 1845, for the preliminary meeting that gave birth to this association.

To their honor be it written, the majority of the profession of that great State repudiated the action of their State Medical Society, and it now has the unenviable position of being solitary and alone in its opposition to the Code of Ethics. The reason for this defection was so manifestly financial that its influence did not extend beyond its own jurisdiction. It is through its Code that this association represents the whole body of the medical profession throughout these United States, as the American Congress represents the people of the same.

Could those wise men who framed this Code be here present with us to-day in this hall, and witness your presence, they would say, like one of old, "Now lettest thou thy servant depart in peace." But one of that committee is now living.*

In no one subject are the people of our country more interested than in that of medicine, and no profession is more respected.

Educated as the large majority of them are, they fully comprehend the relations of the profession. They are independent thinkers, and in their relation to the profession cannot be bought or sold. How wide the difference between this country and Europe! There a practice can be bought and sold: here a transfer is of no value, because there can be no delivery.

It has been charged that this association has failed to meet the requirements of its founders, and, instead of being a body for the advancement of scientific medicine, has degenerated into a body of "thankless intriguers and demagogues."* For thirty-nine years this association has been in existence. At its organization no other national association of medical men existed.

A few of the older States had their State societies. The county societies in those States were few and far between. In the larger cities local societies were maintained; each was independent of the others. There was no general forum where individuals could present their investigations, and, when presented, no general means of their dissemination. Could the transactions of this body be critically analyzed, the charge that scientific medicine has not been advanced by its existence would lamentably fail.

The character of the work done by the association since its organization may be well exemplified by a few selections from its Transactions:—

The essay of Dr. Dalton on the Corpus Luteum in Pregnancy, gave him a national reputation as a physiologist.—Vol. iv.

The prize essay of Dr. Austin Flint, Sr., on the Value of Pitch in Percussion, and Respiratory Sounds and their Application to Physical Diagnosis, opened a new era in the investigation of pulmonary diseases.—Vol. v.

Coxalgia, or Hip Disease, by Alden March, M.D., an ex-President of this body, gave the first impulse to the proper diagnosis of this disease, and its treatment.

The prize essay of Professor Charles D. Meigs, on Acute and Chronic Diseases of the Neck of the Uterus, laid the foundation of the department of gynæcology, and the plates illustrating his cases are copied to the present time.

The Surgical Treatment of Certain Forms of Fibrous Tumors of the Uterus, by Washington L. Atlee, M.D., opened the field for the ovariotomist.

*Alonzo Clark, M.D., New York City.

*New York Medical Journal, page 44, 1885.

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The Cell—its Physiology, Pathology, and Philosophy, by Waldo J. Barnett, from original investigations, anticipated Virchow.—Vol. vi.

The new method of treating Ununited Fractures and Certain Deformities of the Osseous System, by Daniel Brainerd, would have done credit to Malgaigne.—Vol. vii.

Deformities after Fractures, by Dr. F. H. Hamilton, has become an authority at home and abroad.—Vol. viii.

Statistics of Placenta Prævia, by Dr. J. D. Trask.—Vol. viii.

The Clinical Study of Heart Sounds, by Austin Flint, Sr., M.D.

The Physiology of the Arterial Circulation and the Chief Pathological Relations, by Dr. H. Hartshorne.—Vol. ix.

Report on the Nervous System in Febrile Diseases, and the Causation of Fever by the Nervous System, by Henry Frazer Campbell, M.D., indorsed by the late Marshall Hall.—Vol. x.

Report on Moral Insanity and its Relation to Medical Jurisprudence, by D. Meredith Reese, M.D.—Vol. xi.

Report on a Uniform Plan for the Registration of Marriages, Births, and Deaths, by W. L. Sutton, M.D., laid the foundation for such record.—Vol. xii.

Report on the Influence of Alcoholic Drinks in the Development and Progress of Pulmonary Tuberculosis, by N. S. Davis, M.D.—Vol. xiii.

Report on Morbus Coxarius, or Hip Disease, by L. A. Sayre, M.D., illustrative of the fixed treatment by Plaster-of-Paris.—Vol. xiii.

Prize essay on the Pathology of Jaundice, by S. Fleet Speer, M.D.—Vol. xiii.

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Report on the Etiology and Pathological Relation of Epidemic Erysipelas, Spotted Fever, and Diphtheria, by N. S. Davis, M.D.—Vol. xvii.

Report on Plaster-of-Paris in Surgery, by James L. Little, M.D.

Prize essay on the Treatment of Certain Uterine Abnormities, by Montrose A. Pallen, M.D.—Vol. xviii.

Report on the Best Treatment of Different Forms of Cleft Palate, by W. R. Whitehead, M.D.—Vol. xx.

Mollities Ossium, by Joseph Jones, M.D.—Vol. xx.

Prize essay, Atropia and its Salts, by Roberts Bartholow, M.D.—Vol. xx.

Prize essay on the Treatment of Aneurisms, with Experiments for the Closing of Arteries by a New Method, by Benjamin Howard, M.D.—Vol. xxi.

What Physiological Value has Phosphorus as an Organismal Element? Prize essay by Samuel R. Percy, M.D.—Vol. xxiii.

Syphilis, in its Relation to the National Health, by S. D. Gross, M.D., LL.D., Oxon.—Vol. xxvi.

A Discourse on Blood-Letting, the Lost Art, by S. D. Gross, M.D., LL.D., Oxon.—Vol. xxvi.

History of the Yellow Fever and Dengue in Texas, by Greenville Dowell, M.D.

Excision of Large Joints of the Extremities. A prize essay by H. Culbertson, M.D.—Supplement to Vol. xxvii.

Report on Animal Vaccination, by H. A. Martin, M.D.—Vol. xxviii.

Prophylaxis of Septicæmia in Surgery, by E. M. Moore, M.D.—Vol. xxix.

Surgical Anatomy and History of the Common External and Internal Carotid Arteries; Anatomy and History of the Innominate and Subclavian Arteries. A prize essay by John A. Wyeth, M.D.—Vol. xxix.

The Pathology of the Bones, by Henry H. Smith, M.D.—Vol. xxix.

Blepharoplastic Operations, by A. C. Post, M.D.—Vol. xxix.

Prize essay. Consideration of Certain Forms of Primary and (Local) Secondary Degeneration of the Lateral Columns of the Spinal Cord, etc., by Allan McLane Hamilton, M.D.—Vol. xxx.

Treatment of Fibroids of the Uterus by Means of Dry Earth, by Addinel Hewson, Sr., M.D.—Vol. xxxi.

Progress in the Knowledge of the Acute Contagious Diseases and Infection, by A. Jacobi, M.D.

Fibroid Tumors of the Uterus, by H. O. Marcy, M.D.—Vol. xxxiii.

These papers fully illustrate the character of the work done by the association since its organization. Besides the reports on Medical

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Education, Medical Literature, Registration of Marriages, Births, and Deaths, Medical Jurisprudence, Hygiene and Insanity, Meteorology and Epidemic Diseases, Cryptogamic and Zymotic Diseases, Practical Medicine, Materia Medica, Physiology, Obstetrics and Diseases of Women and Children, Surgery and Anatomy, Chemistry and Psychology, Pediatrics, State Medicine, etc., scarcely a question of importance, whether in the interest of the profession or the public, has failed to receive investigation.

Before the time of this association specialities in medicine were unknown. All medical men were general practitioners. The prominence given special diseases by its reports and investigations led men to give special attention to particular diseases. The accretions of people in the larger cities developed the field for a division of general practice, and the selection of a particular branch of disease, applicable to a particular organ, was soon found to be remunerative and less toilsome. The advance of time developed the number of specialties. The first to organize a National Association were the Ophthalmologists, the leading specialty; then followed the Otologists, Gynæcologists, the Dermatologists, State Medicine and Hygiene, under the name of Public Health, the Laryngologists, the Surgical Association, and latest, the Association of Physicians and Pathologists. Some of these associations are necessarily limited in number, others have specified their limitation. All are off-shoots of this association. Each occupies a limited territory. The American Medical Association covers the whole field of medicine, and through its sections affords an opportunity to every member, whether high or low, to give to the profession any and all of his personal knowledge.

"No pent up Utica contracts its powers,
The boundless universe of Medicine is ours."

. . . It is with great pleasure that I am able to inform you that the action taken at the meeting in Washington, inviting the Ninth International Medical Congress to meet in the capital city of the United States in 1887, is being fully consummated. The general officers of the Congress and council, and the officers of the sections are gentlemen of renown in our own country, who add lustre to American medicine. Full and complete arrangements will be made for the meeting, and our foreign friends will receive a cordial welcome. Upon the reception of the report of your committee on the preliminary organization of the Congress, I believe you will find it satisfactory, and upon its adoption the further charge of the Congress will pass into the hands of the Executive Committee, as provided in rule 10, thus relieving this association of its responsibility in the matter.

As the authority of this body to act for the medical profession of the United States has been questioned, it may be proper for the information of many of the members to briefly present, in a concise manner, the relations of the association to the coming International Congress.

A medical Congress to be international must necessarily be composed of members from different nations. Eight of these Congresses have been held in Europe (if we may except the International Medical Congress held in Philadelphia, September 4, 1876), the last of which was held in Copenhagen, Denmark.

At the meeting of this association in Washington, D. C., in May, 1884, the President, Dr. Austin Flint, Sr., suggested the propriety of inviting that body to meet in this country. The suggestion was referred to a committee, who reported favorably. A committee was appointed to present the invitation. This committee was made broad, so as to represent the whole profession of the United States. The invitation was accepted. This committee was further authorized, in the event of the invitation being accepted, to add to their numbers, and proceed to perfect an organization with rules for its government. This the committee did, in accordance with custom and the rules governing the action of committees. This committee made its report to this association at its next meeting, which was in New Orleans, the 28th day of April, 1885. By this action of the committee they fully recognized their responsibility to this body, and not to the profession at large.

This report was not satisfactory, and the committee was enlarged by adding a member from each State and Territory, the army, the navy, and Marine Hospital Department. To this action the original committee demurred, and declined to take any further interest in the arrangements. That the association was correct in its action I have only to refer you to Cushing's Manual of Parliamentary Law, the authority in this country, page 154, paragraph 262. When this committee made their report,

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and it was accepted, the committee was virtually discharged (page 168, paragraph 290). The report was not adopted. What had passed in the committee was of no validity. It was in the power of the association to discharge the committee from further consideration of the subject, to refer it back to them with instructions, or to enlarge the committee. The latter plan was adopted.

It was claimed that there was an ambiguity in the resolution appointing the original committee in reference to their powers and duties. Whatever that ambiguity was, the committee itself settled the question by making their report to the association, thereby acknowledging the authority of their powers and duties.

I cordially unite with the general sentiment of the medical profession that the report of your committee be adopted, and that those of our brethren who may be somewhat disappointed at results will yield their personal feelings to the common good, and by their work demonstrate to our foreign friends that, although there have been warm feelings, warmly expressed, they can rise above their personalities in the great question of medical science and national hospitality.

Gentlemen, matters of importance arising out of the ordinary proceedings of this association may come before you at this meeting, and questions may arise affecting its honor and integrity. Even the existence of this association, so dear to the hearts of the medical profession of these United States may be hazarded. Upon you as its representatives will rest its preservation. Thirty-nine years of existence has entitled it to your support. Its work and beneficent influences are on record, and speak for themselves. May I ask of you, as its President, to give careful consideration to any and all matters that may affect its interest and permanency, so that when you return to your constituency you can tell them that, although the association has been attacked by foes within and foes without, it yet stands as the representative of the American medical profession.

In conclusion, may I kindly ask of you the amenities due to the office to which you have so kindly promoted me, and your cordial support. It shall be my endeavor to be impartial, and to perform the duties of the chair according to strict parliamentary rules.

The honor of being elected by you as President of the American Medical Association is one that words cannot express. For thirty-two years I have, whether present or absent, had its interests deeply at heart, and when my term of office expires I will gladly return to the ranks with the same zeal for its interests which I felt when I first became a member in this great city of the Southwest, St. Louis, Missouri, at the meeting of the association here in 1854.—*Journal of American Medical Association.*

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Chronic Ulcer of Leg; Operation.—Eliza L—, æt. 44, tailoress, was admitted on March 28th, with a large sloughing wound in front of the leg, extending from the upper third to just above the ankle. It began, according to the patient's account, three years ago, in a small, hard lump, near the top of the present wound. She has been married twenty-four years, and has always been in good health; no history of syphilis. The wound has been gradually, though slowly increasing in size. There is a good deal of inflammation and redness of surrounding tissue with some œdema of foot. The other foot is also œdematous. Patient does not complain of much tenderness about the wound. Urine is pale in color, acid, free from albumen. The leg was placed on a pillow and dressed with carbolic dressing. April 6th—To-day, Mr. Bloxam dissected off the indurated and projecting portion of the ulcerating surface which was intimately adherent to the tendon of the tibialis anticus. Two linear incisions, parallel with the wound, were likewise made, one on either side. The operation was performed under an anæsthetic, and, as Esmarch's bandage was used, there was very little blood lost. 11th—The wound looks healthy and granulations are forming. Five portions of cuticle were transplanted to-day by Mr. Pittard, and the usual dressing applied. 13th—The grafts appear to have taken root and some further grafts were made. 21st—The patient is making steady progress, the wound is daily becoming smaller. The surface of the ulcer was ordered to be dressed with boro-glyceride of the strength of one ounce to a gallon of water. 26th—The dressings are discolored and their smell is very offensive, but the wound ap-

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pears to be getting on satisfactorily. All the grafts seem to have taken. May 10th—The wound has contracted to about one inch in width, and is nearly covered with epithelium from the grafts. 17th—Very little uncovered surface remains, and the margins are firm and healthy. June 1st—A fresh graft was applied to-day to the small portion which remains uncovered.

The condition of the wound became less favorable for a few days, but on the application of some more grafts cicatrization took place of the whole area of ulceration, and the patient was discharged on the 21st.

These chronic ulcers are very intractable, and will rarely heal so long as the edges are adherent to the subjacent structures. After remedying this state of things there is often great difficulty in inducing the epithelium to form over the whole of a large area of raw granulations, and in this case the transplantation of follicles of integument had a most favorable effect in hastening the process.

Intracapsular Fracture of Neck of Femur.—Mary N—, æt. 70, a market woman, was following her occupation in Covent Garden Market, when she was knocked over by some boys who were fighting, and fell on her right side. She was picked up by the police, and brought to the hospital on the 22d of July. An intracapsular fracture of the right femur was diagnosed, and the patient was placed on a double inclined plane. 26th—Patient is very restless, and complains of pain in the back. 30th—The effusion is subsiding, and she sleeps better. The limb was tied to the bed to prevent movement. August 10th—To-day the thigh was placed in a plaster-of-Paris case, and on the 18th the patient was able to leave the hospital. She could get about pretty comfortably with the aid of two sticks.

A great advantage attaches to the employment of means which obviate the necessity for detaining old people with this kind of fracture in bed for any period of time. The plaster-of-Paris *spica*, when solidly and comfortably adapted, insures fair position, and allows the patient to get about as soon as the shock of the accident is recovered from.

Extensive Sloughing of the Skin and Subcutaneous Tissues at Back of Right Leg, in Consequence of Contusion by a Wagon-Wheel.—Mary C—, æt. 9, was riding on the back of a wagon in the country, when, on the wagon stopping, she put her leg between the spokes of the hind wheel. On the wagon starting her right leg was crushed between the wheel and the wagon. The boot was torn off, and the whole of the back of the leg from behind the knee to half way down the calf was severely scraped by the tire of the wheel. Her mother first put on cold water rags and poultices, but on sloughing taking place she was admitted to the hospital on the 23d of September.

On admission, an extensive slough was seen on the back of the right leg, extending from about the middle of the popliteal space to midway between that spot and the heel. Another one was found about half way down the tibia. These were of a deep black color, hard to the touch, and firmly attached at the edge. Poultices were ordered to be applied. Temperature on admission 101.2° Fahr., but during the night it rose to 103° Fahr. 25th—Hot fomentations were used, but the temperature went up to 104° Fahr. The child suffered, too, from troublesome sickness, and was unable to retain any nourishment. Free incisions were made into the sloughs, and some thin, whitish pus escaped, when a fall in the temperature at once took place. 27th—Leg is being dressed with carbolic lotion. The sickness is better. The sloughs are now all gone, leaving a large sore. Extension was applied. The temperature is now not above normal. October 1st—Healthy granulations are appearing on the wounds—a back splint and sand-bags are used instead of extension. 3d—To-day some skin grafts, eight in number, were obtained from the dressers, and four were put on each wound. These were covered with protective and strapping, and the wounds dressed as usual, the foot being secured by a plaster-of-Paris bandage. 11th—The protective was removed from the grafts, all of which appeared to have taken well. The granulations over the rest of the wound were rather exuberant. Eleven fresh grafts were placed on the back of the wound, covering a somewhat extensive area. These were covered by protective and the wound dressed as before. 15th—All the grafts seem to be growing steadily, and the exuberant granulations were touched with sulphate of copper. The wounds are very considerably reduced in size. 22d—The red lotion which has lately been used has irritated the surface of the wound and killed some of the grafts, so zinc ointment was substituted. Seven more grafts were applied to re-

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place the dead ones. November 3d—To check the granulations some boracic lint was applied, and pressure put on by means of a bandage, not to be moved for three days. 12th—The grafts have much increased in size. The wound is now of an oval shape, about five inches long by two in breadth, a great portion of this surface being covered by grafts. The plaster of Paris was removed and the leg placed between sand-bags. December 1st—The wound now measures one and a half by one-quarter inches, not to be redressed for a week. 10th—Patient discharged cured.

The success of the skin grafting in abridging the time necessary to the complete cicatrization of such a formidable wound, was remarkably shown here, and demonstrates how, under favorable conditions, it may be usefully employed.

THERAPEUTIC NOTES.

CHORDEE.

℞. Morphia sulph. . . . gr. iss.
Ext. hyoscyami . . . gr. iij.
Ol. theobroma q. s.
M. Ft. suppositories No. vi.
Sig.—Use one at bedtime, and whenever necessary through the night.

INFANTILE DIARRHŒA.

℞. Acidi sulphurici dilut. . . ℥ss.
Tinct. opii deod. . . . ♏xvj.
Tinct. cinchonæ comp. . ʒss.
Syrupi rubri . . . ʒj.
M. Sig.—Half a teaspoonful every two hours.

HEPATIC TORPOR.

℞. Sodii chloridi . . . . ʒij.
Sodii sulphatis . . . ʒiij.
M. Sig.—Two teaspoonfuls in water every morning.

AMENORRHŒA.

℞. Ferri sulphatis exsicc. . gr. xv.
Pulv. aloes . . . ℥ss.
Terebinthinæ alba . . gr. xv.
M. Ft. pilulæ No. xxx.
Sig.—Two pills one hour after each meal.

INTESTINAL HEMORRHAGE.

℞. Acidi gallici . . . . ʒj.
Acidi sulphurici dilut. . . ʒij.
Ext. hamamelis . . . fʒss.
Syr. zingiberi . . . ʒiss.
Aqua . . . . . ʒj.
M. Sig.—Dessertspoonful in water every two hours.

ROUND WORMS.

℞. Hydrarg. chlor. mite . . gr. iij.
Santonini . . . . gr. iij.
Sacchara alba . . . gr. x.
M. Ft. charta No. iij.
Sig.—One powder every four hours.

SCABIES.

℞. Naphthol . . . . gr. x.
Lac sulphuris . . . ʒj.
Ung. simp. . . . . ʒj.
M. Sig.—Apply externally.

ERYSIPELAS.

℞. Tinct. aconiti rad. . . ℥ss.
Pilocarpine hydrochlor. . gr. j.
Morphia sulphatis . . gr. ss.
Aqua . . . . . fʒiss.
M. Sig.—One teaspoonful every three hours.

POSTERIOR SPINAL SCLEROSIS.

℞. Hydrarg. bichlor. . . gr. j.
Ammonii chloridi . . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—One teaspoonful in water one hour after meals.

FUNCTIONAL DYSPEPSIA.

℞. Tinct. nucis vomicæ . . ʒij.
Pepsinæ sacch. . . . ʒss.
Acidi hydrochlorici dilut. . ʒvj.
Syr. taraxaci . . . . ʒij.
M. Sig.—One teaspoonful in water after meals.

LARYNGISMUS STRIDULUS.

℞. Potassii bromidi . . . ʒss.
Chloral hydrat. . . . ♏xx.
Syr. limonis . . . . ʒij.
M. Sig.—One teaspoonful every half hour.

SYPHILIS.

℞. Hydrarg. bichlor. . . gr. j.
Tinct. ferri chlor. . . . ʒss.
Aqua . . . . . fʒiiss.
M. Sig.—One teaspoonful in water three times a day.

CHLOROSIS.

℞. Acidi arseniosi . . . gr. ss.
Strychnia sulph. . . . gr. ss.
Cinchonæ sulph. . . ʒss.
Mass ferri carb. . . . ʒj.
M. Ft. pilulæ No. xxx.
Sig.—One pill after meals.

GASTRALGIA.

℞. Liq. potassii arsenitis . . ʒj.
Tinct. opii deod. . . . ʒss.
Aq. menth. pip. . . . fʒiij.
M. Sig.—One teaspoonful in water every four hours.

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GASTRIC ULCER.

℞. Morphia sulphatis . . gr. j.
Bismuthi subnitratis . . ʒss.
M. Ft. charta No. xvj.
Sig.—One powder every four hours.

WHOOPING-COUGH.

℞. Morphia sulphatis . . gr. ss.
Quiniæ sulphatis . . . ʒj.
Acidi hydrochlorici dilut. . ʒss.
Syr. limonis . . . ʒvj.
M. Sig.—One teaspoonful in water four times daily.

APTHÆ.

℞. Tinct. coptis . . . . ʒss.
Tinct. cinchonæ comp. . . ʒss.
M. Sig.—Apply thoroughly three times a day.

ECZEMA CAPITIS.

℞. Acidi carbolici . . . gr. ij.
Hydrarg. oxidi rubri . . gr. iij.
Bismuthi subnitratis . . ʒij.
Lanolini . . . . ʒiv.
M. Ft. ungt.
Sig.—Apply externally twice a day.

PURPURA.

℞. Strychnia sulphatis . . gr. ½.
Quinia sulphatis . . gr. xvj.
Acidi sulphurici dilut. . ʒss.
Aqua . . . . ʒiss.
M. Sig.—One teaspoonful, well diluted, every six hours.

RHUS POISONING.

Dr. J. B. Johnson (Medical and Surgical Reporter) says: The treatment which I always adopt, and have never known to fail, is as follows:—

℞. Hyposulphite of soda . . ʒj.
Aqua destil. . . . . ʒviij.
Carbolic acid . . . ʒiss.
Glycerine . . . . ʒss.
M. Sig.—Shake well, and use as a wash three or four times a day, or as often as necessary.

At the same time that I order the wash I prescribe for internal use:—

℞. Iodide potassium . . . ʒij.
Aqua destil. . . . . ʒvij.
Syrup . . . . . ʒj.
M. Sig.—Dose, a tablespoonful four times a day (after eating and at bedtime).

I consider the internal use of the iodide of potassium of great benefit in the treatment of rhus poisoning, and these prescriptions usually promptly cure my patients without the necessity of repeating them. It is said that the rhus owes its poisonous properties to an acid which it contains, and this external and internal alkaline treatment neutralizes that acid, according to my experience.

URETHRITIS.

℞. Tinct. gelsemii . . . ʒss.
Potassii bromidi . . . ʒiiss.
Potassii bicarb. . . . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Dessertspoonful in water every three hours.

FOR PHTHISICAL COUGH.

℞. Morphia sulphatis . . gr. iij.
Tinct. hyoscyami . . ʒj.
Acidi hydrocyanici dilut. . ʒss.
Syr. yerba santa . . ʒiv.
M. Sig.—One teaspoonful in water when necessary.

DIARRHŒA.

℞. Tinct. opii deod. . . . ʒij.
Tinct. cinnamomi . . . ʒiss.
Acidi sulphurici aromat. . ʒiss.
Vini portense . . . ʒiss.
M. Sig.—One teaspoonful in water every two hours.

EPIDIDYMITIS.

℞. Tinct. veratri viridi . . ʒj.
Vini colchici rad. . . . ʒij.
Ext. phytolacca . . . fʒv.
M. Sig.—Thirty drops in water every three or four hours.

HÆMATURIA.

Dr. William G. Ring (Buffalo Medical Journal) recommends—

℞. Morphia sulph. . . . gr. ij.
Acidi tannici . . . ʒj.
Glycerini . . . . ʒj.
Aqua menth. pip. . . ʒj.
M. Sig.—One teaspoonful four times a day.

FATTY HEART.

Professor Da Costa frequently prescribes—

℞. Strychnia sulphatis . . gr. $\frac{1}{8}$.
Ferri sulphatis . . gr. xij.
Ext. taraxaci . . . gr. xviij.
M. Ft. pilulæ No. xii.
Sig.—One pill after meals.

PITYRIASIS VERSICOLOR.

℞. Hydrarg. bichlor. . . gr. iij.
Alcoholi dilut. . . . ʒss.
Aqua . . . . . ʒiij.
M. Sig.—Apply externally three times a day.

THERAPEUTIC MEMORANDA.

The following items, which are taken from my note-book, have been of such use to me that I am led to think they may furnish useful hints

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to others as well. Few of them are original, but have been derived from all possible sources and have been utilized by me to a greater or less extent:—

Tonics should be administered with certain alteratives when given for long periods of time; for instance, quinine with mercury; cod-liver oil with iodide of potash; and iron with the various salines.

Emetics are not given enough. Effects upon the liver and intestinal tract are often more obtainable in this way than by any other.

The diarrhœa of phthisis is usually relieved by a pill of g. terebinth, cupri sulph. and opium.

The best treatment of engorgement of bronchial mucous membrane is to keep the bowels open.

The best respiratory stimulants are ammonia, atropia, strychnia, ipecac., and squills.

Expectorant.—Eth. sulph., gtts. v–x every three or four hours.

Pruritus (general).—Potass. brom., grs. x, potass. liq. gtts. x, three or four times daily.

Lumbago.—Potass. cit., grs. xx ter die with hypodermics of morphine and atropia.

Salines act better after physiological doses of calomel.

The action of quinine is increased by half drachm doses of bitartrate of potash.

Belladonna or bromide of potash often prevents the disagreeable effects of iodide of potash.

Alcohol helps the organism to tolerate large doses of quinine.

The addition of alcohol to croton oil renders the latter less irritating, but none the less effective.

Chorea.—F. E. cimicifuga in gradually increased doses.

Columbo checks colliquative diarrhœa and relieves irritability.

Senega for the bronchitis and emphysema of old people. Balsams act best in chronic diseases of the bronchial mucous membrane.

The secretion of urea is increased by sod. salicyl., sod. benzoat, colchicum, and hydrarg. bichloride, as well as by the salts of potash.

Salines have an increased cathartic effect if given in a concentrated form, withholding all liquids.

Iodine is one of the best antisuppurative remedies. It has been used with success in typhoid fever and pneumonia.

Calomel, one-half grain, is said to relieve dryness of tongue in six hours.

Tonsillitis.—Local applications of bicarbonate of soda.

The cough of phthisis is often relieved by remedies which act upon the liver.

Counter-irritation of the neck, over course of pneumogastric nerves, will often relieve asthma.

Arsenic is one of the best tonics in chlorosis and the anæmia of women.

A saturated solution of sod. bicarb. best relieves pain of cautery burns.

Acids best relieve phthisical dyspepsia.

Chloroform increases the secretions.

Chloral hydrate or chloroform water in painful affections of the stomach.

Grain doses of ipecac. act as a hepatic stimulant.

The pains of spinal irritation are often relieved by arsenic.

Vaseline is much used for conjunctivitis.

Caffeine slows the action of the heart, increases the amount of urea, and decreases the amount of albumen excreted.

Salicin will often relieve dysmenorrhœa. It is of great value in tonsillitis and muscular pain.

Phlegmasia Dolens.—Opium with alterative doses of calomel.

Epilepsy.—A hypodermic of morphine will often abort a paroxysm.

Sick-Headache.—A hot foot bath with a fifteen-grain dose of chloral.

Hoarseness.—Tr. guaiac am., ten drops on sugar every half-hour. Steam inhalations.

Facial Neuralgia.—Tr. gelsem. three drops every half hour. Salicylate of soda.

Weak Heart.—Tr. stramonium and tr. digitalis, of each ten drops, three times daily.

Lead Paralysis.—Large doses of strychnia.

Diarrhœa (in teething children).—Infusion of chamomile—Columbo.

Regurgitation (of infants).—Calomel, gr. j; aq. Oj; teaspoonful every fifteen minutes.

Eructation, Pyrosis, and Fermentation.—Ac. carbol., gr i–ij, in mint water.

Inhalations of steam impregnated with oil of peppermint is almost a specific in relieving painful affections of the throat.

Calomel is one of the very best remedies in many of the acute diseases of children; the latter are so very tolerant of the drug that it is almost impossible to salivate with laxative doses. Its antipyretic effects and its sedative action upon the intestinal tract are fully appreciated only by those who have used it.

The value of carbonate of ammonia in the respiratory diseases of children is not fully recognized. It should be given in large doses, well diluted with milk.

Ovarian pain is best relieved by belladonna, arsenic, valerianate of zinc, and carbonate of iron.

Muriate of ammonia relieves congestion of the pelvic viscera.

Permanganate of potash in two-grain doses is an excellent emmenagogue for strumous subjects. —J. J. BERRY, M.D., in *New England Medical Monthly*.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, June, 1886.

DR. NATHAN SMITH DAVIS.

THE Executive Committee of the Ninth International Medical Congress are to be congratulated upon the wisdom of their choice in electing Dr. N. S. Davis to fill the vacancy in the Presidency of the Congress occasioned by the death of Dr. Austin Flint, Sr. Dr. Davis is a truly representative American physician, and more than any other living man enjoys the confidence and esteem of the whole American medical profession. He has been engaged in the active practice of his profession for over fifty-two years, during thirty-seven of which he has been prominent as a medical writer, teacher, and lecturer.

Two years ago he completed his great work on the Principles and Practice of Medicine, which is the most practical and comprehensive treatise that has been written on the subject of practical medicine. He has been the editor of the Journal of the American Medical Association since its establishment, and he is still Professor of the Principles and Practice of Medicine and of Clinical Medicine in Chicago Medical College, one of the largest medical colleges in the United States.

Although he has passed the allotted years of three-score and ten, he is still zealous in the discharge of his manifold duties, and as earnest in his endeavors to advance the welfare of the profession at large as when he assisted at the organization of the American Medical Association.

In the eloquent language of Dr. Henry F. Campbell, recently President of the American Medical Association,* "He labors now as he labored two-score years ago, well entitled to the honored name of 'father.' No one of the sons of this association can excel him in watchfulness for its interests, in tenacity for its honor, in unceasing labor for its advancement. No neophyte or tyro is he in its affairs; he presided at its birth, nursed it through infancy and childhood, was the guide and counsellor of its manhood, and now in its ripe maturity, watches its progress, faithfully guards its good name, and is the laborious chronicler and promulgator of its intelligence. Too full of the meekness of wisdom to be elated by praise, too worthy of praise to be defiled by flattery, and among all the living, standing foremost in the duration and constancy of his devotion, I could almost ask you to allow me, by virtue of the authority with which I am invested, to bid him stand, as sovereigns had their subjects kneel, and dub him with the ensign and the title 'Noblest Roman of us all.'"

* The President's address, delivered April 28, 1885, before the Thirty-sixth Annual Meeting of the American Medical Association, by Henry F. Campbell, M.D.

THE INTERNATIONAL MEDICAL CONGRESS.

WHATEVER doubts may have been entertained as to the success of the Ninth International Medical Congress have been removed by the harmony and marvellous unanimity of the proceedings of the American Medical Association at St. Louis. The threats which had been made that the association would be compelled to bow to the will of an autocratic coterie proved to be as vain and idle as the summer wind. The report of the Committee on Organization of the Congress was received and adopted without a dissenting voice, and the thousand delegates who had assembled from every section of the United States unanimously pledged their efforts to make the Congress a brilliant and memorable one.

The work of preliminary organization is nearly completed. At a meeting of the Executive Committee of the Congress in St. Louis on May 3d, Dr. N. S. Davis, of Chicago, was unanimously elected to succeed the late Dr. Austin Flint, Sr., as President of the Congress. This action will meet with the cordial approval of the entire American medical profession, to whom Dr. Davis has become endeared by his exertions and solicitude for its welfare. Dr. John B. Hamilton, Supervising

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Surgeon-General of the United States Marine Hospital Service, was elected Secretary-General of the Congress, to fill the position made vacant by the election of Dr. Davis to the Presidency.

The remaining vacancies in the Presidencies of the Sections were filled at the same meeting by the election of Dr. James F. Harrison, Chairman of the Faculty of the University of Virginia and Professor of Medicine, Obstetrics, and Diseases of Women, as President of the Section of Gynæcology; Dr. J. H. Callender, Professor of Physiology in the Nashville and Vanderbilt Universities, Tennessee, as President of the Section of Physiology; Dr. A. B. Palmer, Professor of Pathology and Practical Medicine in the University of Michigan, as President of the Section of Pathology; and Dr. E. Williams, of Cincinnati, as President of the Section of Ophthalmology.

As it was evident that the subjects of Otology and Laryngology could not conveniently be considered in the same section, the committee decided to assign a separate section to Laryngology, of which Dr. William H. Daly, of Pittsburgh, Pa., will be the president, and Dr. William Porter, of St. Louis, Mo., secretary. Dr. Daly is well known as one of the ablest laryngologists in the United States. His contributions to the literature of that department are numerous and valuable. He was the first to point out that hay fever is due primarily to a local chronic affection of the nasal and naso-pharyngeal mucous membrane, upon which the exciting irritating cause acts, and that the recurring attacks will cease when the local disease is cured. Dr. Daly is not a narrow specialist, however, but a cultivated physician in large general practice. Dr. Porter is one of the editors of the Weekly Medical Review, one of the best medical journals in America, and is widely and favorably known for his excellent work in general and in laryngological practice.

Dr. Henry O. Marcy, of Boston, was transferred at his own request from the Presidency of the Section of Collective Investigation, Nomenclature, Vital Statistics, and Climatology, to the Vice-Presidency of the Section of Gynæcology. The vacancy occasioned by this transfer was filled by the unanimous election of Dr. Albert L. Gihon, M.D., U. S. N., Washington, D. C., who is eminently qualified to fill the position.

The Executive Committee announce that a second circular, embodying the rules and details of the Congress, and a complete list of the officers of the various sections will be issued at an early day.

"A SIGNAL EVENT."

UNDER the above caption, in the February number of THE BULLETIN, for 1882, we took occasion to speak editorially of the initial number of "The International Encyclopædia of Surgery," edited by Professor John Ashhurst. It is therefore meet that we should, on the reception of the sixth and last volume, again call the attention of our readers to the merits of this great work. We now state that—

(1) It has pushed itself into the front rank as an authority, as evidenced by its being so frequently quoted by surgical writers both in this country and in Europe.

(2) The large circulation of the first volume has been steadily maintained by the succeeding ones, proving an appreciation of their contents by the profession highly complimentary to the distinguished gentlemen whose names are appended to the subjects chosen for their elaboration.

(3) The wide range in the domain of surgery which it includes stands unrivalled.

(4) The vast learning and research put forth by each author, where required in illustration, demonstrate a conscientious desire to instruct and enlighten that deserves more than a passing notice.

(5) The work has added greatly to our literary reputation in a national sense, and conclusively shows what our country can do and does in the field of surgical thought.

(6) The emphatic indorsement by THE BULLETIN of the first volume is given to all the series.

To those who are ignorant of the labor entailed in the editing of a work like the one under revision, it seems a pleasant pastime. But to those who are familiar with the labor it

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was a huge undertaking, and we very much doubt if, among all the distinguished medical writers in our country, one better fitted to edit and bring the book to a successful conclusion than Professor Ashhurst could have been selected. For nearly six long years has he steadily worked with the view of placing before the world the best thoughts of the foremost surgical writers of the age. The painstaking care, the thorough research exhibited, the pure diction—masterly in its English—which are so patent in its pages, and given us so much pleasure and instruction, are the work of a master hand. We speak from a personal knowledge when we say that in preparing the different papers for the printer there was not a line or sentence that escaped the close scrutiny of the editor; and we hazard the assertion that if there are errors they are few and far between, for among his many accomplishments Dr. Ashhurst is well known as a thorough proof-reader, and that he attends to that department as conscientiously as he does to his classical sentences. The contributors to the work should certainly feel grateful for the correct style in which their articles are produced—so free from the blemishes which often mar the best thoughts, and which are not seen until after printing. At least THE BULLETIN feels grateful for this valuable acquisition to its library, and can point proudly to it as a literary monument to one who has gained the high distinction of producing a book beyond the pale of criticism.

Of the enterprising publishers, Messrs. William Wood & Co., of New York, it is but just to say that they have put forth the work in an exceedingly handsome manner. It is printed on type with a clear face, and the make-up is very good. The illustrations are numerous and well executed. The binding is substantial, and the paper on which the book is printed is of good quality. Indeed they have performed their part in a perfectly satisfactory manner.

JANUARY AND FEBRUARY (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending copies of these numbers to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

THE PREVENTION AND TREATMENT OF MAMMARY INFLAMMATION.

THERE is no more painful or trying ordeal in a physician's experience than when he is called to a case of mammary inflammation which threatens to terminate in suppuration. The pain of the disease is atrocious, but the mental pain, the dread, the anxiety of the patient is still more agonizing, and is sometimes so intense as to induce an attack of puerperal mania.

There is no disease, however, that is more amenable to treatment, provided it be instituted early and conducted by a skilful and energetic hand. Mammary inflammation, as usually seen, is due to engorgement of the glands from retention of milk. This retention may be due to neglect of putting the child to the breast early, or to inability of the child to empty the breast either from weakness or congenital deformity, or from the imperfect development of the nipples of the mother. It is due most frequently, however, to the death of the child.

The treatment varies with the cause. If the child is living and able to nurse, a prompt saline cathartic should be administered to the mother, in order to produce free watery evacuations, and lessen the formation of milk for the time being. At the same time the breasts should be gently rubbed from the periphery towards the centre with any bland oil, in order to relieve the congestion of the lacteal ducts by promoting the outflow of milk. As soon as the breasts become somewhat soft under this manipulation, and some milk can be expressed from the nipples, the child should be applied to the breast at intervals, or the breast-pump used occasionally, until full relief is obtained.

If the child, however, be dead, or unable from palatine deformity or any other cause to nurse, an endeavor should be made to prevent the formation of milk to any amount, by covering the breasts with belladonna ointment, and securing free catharsis for two or three days by the administration of various salines. This treatment will be found effective in the great majority of cases. The production of milk is largely influenced by the demand. If there

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be no demand on the part of the infant, or otherwise, and if the natural tendency to vascular fullness of the gland be counteracted by the production of free catharsis, the secretion of milk will be small.

If this treatment fail, however, or if the patient is not seen until the glands are hot, hard, and swollen, the temperature high, the pulse bounding and the pain excessive, the best external application is a bladder of ice, or a cloth dipped in ice-water, as recommended by Dr. Hiram Corson, of Norristown, Pa. For internal administration there are two remedies which are especially valuable, veratrum viride and phytolacca. They may be given separately, but are almost specific when given in combination. The following formula, if given before suppuration has ensued, will invariably relieve pain, and induce resolution in a short time:—

℞. Tinct. veratri viridi . . 3j.
Ext. phytolacca . . . f3v.
Aqua . . . . . 3vj.

M. Sig.—One teaspoonful in water every two hours.

Free purgation should also be produced by the administration of five grains of calomel, followed in two or three hours by a saline cathartic. When suppuration has occurred a free incision should be made at once, and the pus evacuated.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

THE annual meeting of the American Medical Editors' Association was held May 3d in the St. Louis Press Club. The President, Dr. H. O. Walker, of Detroit, Mich., delivered an eloquent and thoughtful address on the responsibilities of the medical editor.

Drs. William Brodie, W. C. Wile, and F. L. Sim were then appointed a committee to nominate officers of the association for the ensuing year. After a brief recess they reported as follows: President, Dr. J. V. Shoemaker, Philadelphia; Vice-President, Dr. Dudley Reynolds, Louisville, Ky.; Secretary, Dr. William Porter, St. Louis, Mo. The nominees were unanimously elected, after which the meeting adjourned to the elegant and spacious dining rooms of the Press Club, where a sumptuous banquet had been provided by the St. Louis Medical Press and Library Association.

THE AMERICAN MEDICAL ASSOCIATION.

NOTWITHSTANDING the harmony and unanimity of the proceedings of the American Medical Association at St. Louis, it appears that the Philadelphia and New York specialists are still bent upon exciting discord in the association, and still determined to prevent, if possible, the successful assemblage of an International Medical Congress on American soil. Their worst endeavors, however, will be as futile in the future as in the past. Their threats will only react upon themselves. They entertain a false idea of their own greatness. They are not indispensable to the community, or to the practitioners of medicine, or to the Congress itself. As the subjoined editorial from the Medical and Surgical Reporter truly says, they have created all the disturbance, by trying to ruin that which they could not control, but all their efforts have resulted and will continue to result in ignominious failure:—

"It is simply wonderful with what pertinacity our esteemed contemporary, the Medical Record, continues to view the existing professional unpleasantness through partial eye-glasses. In its issue of May 15th, it says:—

"'A PERMANENT SPLIT IN THE AMERICAN MEDICAL ASSOCIATION.

"'Now that the American Medical Association has finished its session, and its members have dispersed to their homes, there must come to all a period of calm reflection. Such reflection can hardly fail to show that the association has committed another serious error, and one from which it will not soon recover. We refer to the arbitrary refusal to admit the Philadelphia delegation. This delegation was the only one sent by the Philadelphia County Medical Society, it was duly accredited, and its rejection was a piece of injustice and folly so monumental, as to make one wonder if the gods had not infused some mad frenzy into the minds of the Judicial Council. The immediate result of this act will be to alienate the profession of

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Philadelphia from the association, and the sympathies of a very large majority of the profession not attached by political ties to the association will go with them.

"'For it is again demonstrated that the American Medical Association has fallen into the hands of political managers whose unskilfulness and stupidity are so astounding that we feel inclined to commiserate more than condemn.

"'No doubt the American Medical Association believes that it can get along quite well enough without the coöperation of the leading physicians of Philadelphia, New York, Boston, and Baltimore, etc.; but without them it can no longer call itself a national or representative body.

"'The American Medical Association will continue to live, and, we trust, will thrive; but it is permanently divided, and will, we fear, never again represent the whole American profession.'

"It is hardly fair or correct to speak of a split, when only a few fibres are carried away; it would be more correct to say a shave, or a scrape. The American Medical Association is to-day more united than it ever was, and it has lost the allegiance only of those who 'got mad' because they could not control. We cannot help but see that the action of the Judicial Council was eminently proper in the case of the alleged delegation from the Philadelphia County Medical Society. There were two sets of delegates before them; one set had been regularly and legally nominated, but they were not elected; the other set had been elected, but, and this is a big BUT, they had not been legally nominated, and, as such nomination is, according to the constitution and by-laws of the society, a *sine qua non* of a legal election, every unbiased mind must hold that they were not legally elected. Hence the clear position, which we foreshadowed in our issue of March 27th, was that the Philadelphia County Medical Society had no legally-accredited delegates, and that the society was not entitled to recognition. Like the famous 'Kilkenny cats,' our representatives have torn themselves to pieces.

"The 'whole row' from beginning to end has been made by a few men, who, as we have before said, were willing to try to ruin that which they could not control. We have great respect for these few men, among whom are to be found some of the greatest men in our profession, but we cannot have respect for or sympathy with their revolutionary methods of obtaining control. We have been asked by those who questioned our oft-repeated statement of the absolute supremacy of the American Medical Association, whether we would consider it right, no matter what it did, and we have answered, and we do still answer unhesitatingly, yes. In all bodies where the majority rules, the majority must be right; the right of the majority to rule the minority is the basis of all good government, and when the minority revolt forcibly against the majority they are rebels, revolutionists, and anarchists. If successful, as we were in '76, they are heroes, but none the less they are rebels, simply because they rebel.

"The Medical Record gives us the side of the specialist; let us turn to the other side, and we will present it in the words of a correspondent from Arkansas. He says: 'I could not help feeling sorry for the Roberts-Agnew delegation, from Philadelphia, at the meeting of the American Medical Association at St. Louis—they were so mercilessly sat down upon by the association, and most justly so. The specialists, in my judgment, who have been raising such a professional muss, have to make up their minds to "eat crow," or, like Othello, their occupation will be gone; for they are dependent for their business, to a very large extent, upon the "general practitioner" or "family physician," and in their present attitude to organized medicine they cannot expect to receive recognition from the rank and file of the profession. As we have before remarked, "a word to the wise is sufficient.'"

THE WEEKLY MEDICAL REVIEW.

THE enterprise of the Weekly Medical Review in publishing a daily bulletin of the proceedings of the American Medical Association cannot be too highly admired or commended. The gentlemen who compose its editorial staff have evidently determined to place it in the foremost ranks of American medical journalism, and to make it indispensable to every practitioner of medicine in the Southern and Western States.

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CORRESPONDENCE.

ACONITE AS A TÆNICIDE.

EDITOR OF THE MEDICAL BULLETIN.

Dear Sir: I notice in the May number of your journal, on page 156, "Aconite as a Tænicide." I wish to state that in 1868 I accidentally used extract of aconite in making a mixture for the family of a patron whose children were afflicted with worms. I intended the extract of senna as a laxative, but by mistake used the extract of aconite. My mixture consisted of about this to the dose: ℞. Santonin, grs. ij; ext. pink root, gtts. x; ext. aconite (I intended senna), gtts. x; oil wormseed, gtts. v; simple syrup, one teaspoonful three times a day. I became alarmed next day, when I discovered the error, and went hastily to his house to see about the mixture, but before I had time to enter into an explanation, he informed me I had given him the best bottle of vermifuge he had ever had, remarking that worms were coming away from all of them freely—four children ranging in age from five to fourteen. I will say that the dose was reduced to suit the age, teaspoonful for the oldest, and from ten to thirty drops to the others. I informed him of my mistake, but continued the mixture with the same effect.

I have since used aconite in the form of the tincture and the extract as a vermifuge, and have found it always to be a very useful ingredient in mixtures. I have never used the extract aconite alone, but intend to do so the first opportunity.

Aconite may prove to be one of our best remedies for worms, as it is for a number of other diseases.

Respectfully,

J. R. SEATON, M.D.

SENATOBIA, MISS., May 20, 1886.

MEDICAL NEWS AND MISCELLANY.

DR. D. D. RICHARDSON has removed to No. 3204 Chestnut Street.

DR. WILLIAM M. CAPP has removed to No. 1715 Spruce Street.

DR. ROBERT O. KEVIN has removed to No. 1318 South Fifteenth Street.

DR. EDWARD W. REICHART has been appointed Professor of Physiology in the University of Pennsylvania.

DR. GEORGE L. PEABODY has been appointed to the Professorship of Materia Medica in the College of Physicians and Surgeons, New York.

DR. CHARLES T. SCHONDELMEIER, one of the most estimable physicians of New York City, was married on April 29th to Miss Margaret H. Patterson.

DR. ANDREW NEBINGER, one of the oldest and most esteemed physicians of Philadelphia, died on April 12th, at his residence, No. 1018 South Second Street.

DR. HENRY LEFFMANN gave a private stereopticon exhibition of the works of noted artists to a number of professional friends, at the Pennsylvania College of Dental Surgery, on May 14th.

DR. W. S. FORBES, Demonstrator of Anatomy for several years in Jefferson Medical College, has been elected to the chair made vacant by the resignation of Professor William H. Pancoast.

RUSH MEDICAL COLLEGE.—Professor Norman Bridge, M.D., formerly Professor of Hygiene, and Adjunct Professor of the Principles and Practice of Medicine, has been elected Professor of General Pathology.

GEORGE N. POWERS, M.D., has been appointed Professor of Ophthalmology and Otology in the Medical Department of the University of California, to fill the vacancy occasioned by the recent death of Professor A. M. Wilder, at San Francisco.

A BRILLIANT reception was given by the Penn Club on May 15th to Dr. W. S. Forbes, Professor elect of Anatomy in Jefferson Medical College. Professors Theophilus Parvin and J. G. Holland, of the College Faculty, and many prominent members of the profession were present.

THE MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA has elected the following officers for the ensuing year: President, Dr. J. M. Toner; First Vice-President, Dr. J. W. Bulkley; Second Vice-President, Dr. George Byrd Harrison; Secretary, Dr. Lachlan Tyler; Treasurer, Dr. S. S. Adams.

THE annual commencement of the University of Pennsylvania was held in the Academy of Music on May 1st. The degree of Doctor of Medicine was conferred on one hundred and eighteen graduates by Dr. William Pepper, Provost of the University. Dr. Joseph Leidy delivered the valedictory address.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION has elected the following officers: President, Dr. F. Donaldson, Baltimore; Vice-Presidents, Dr. V. Y. Bowditch, Boston, and Dr. Roland G. Curtin, Philadelphia; Secretary and Treasurer, Dr. J. B. Walker, Philadelphia. Dr. F. C. Shattuck, of Boston, was elected an additional member of the Council.

THE FORT HILL PRIVATE HOME AND TRAINING SCHOOL FOR FEEBLE MINDED CHILDREN is admirably situated near Ellicott City, Md. It is under the personal supervision of Dr. Samuel J. Fort, a physician of large experience, and offers the combined advantages of a home and training school, under the watchful care of an earnest and sympathetic physician.

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THE AMERICAN SURGICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. Hunter McGuire, Richmond; Vice-Presidents, Dr. T. F. Prewitt, St. Louis, and Dr. J. W. S. Gouley, New York; Secretary, Dr. J. R. Weist, Richmond, Ind.; Recorder, Dr. J. Ewing Mears, Philadelphia; Treasurer, Dr. P. S. Connor, Cincinnati. Members of the Council, Dr. Hunter McGuire, Richmond, Dr. John S. Billings, United States Army, Dr. L. McLane Tiffany, Baltimore, Dr. R. A. Kinloch, Charleston, and Dr. Moses Gunn, Chicago. Dr. H. H. Mudd, of St. Louis, and Dr. Joseph Ransohoff, of Cincinnati, were elected members, and Sir William MacCormac, of England, and Dr. Henry J. Bigelow, of Boston, honorary members. The next meeting will be held in Washington, on the second Wednesday of May, 1887.

THE TENNESSEE STATE MEDICAL SOCIETY has elected the following officers: President, Dr. W. T. Briggs, Nashville; Vice-Presidents, Dr. J. W. Penn, Humboldt, and Dr. J. W. B. Nowlin; Secretary, Dr. Ambrose Morrison, Nashville; Treasurer, Dr. Richard Chèatham, Nashville. The following is a list of the committees appointed for the ensuing meeting: Committee of Arrangements, Dr. W. G. Ewing, Chairman, Dr. C. C. Mitchell, Dr. R. A. Hardin, Dr. J. L. Watkins, Dr. J. A. Draughon, Nashville. Committee on Credentials, Dr. W. L. Nichol, Chairman, Nashville; Dr. G. B. Thornton, Memphis; Dr. A. B. Tadlock, Knoxville. Committee on Necrology, Dr. Thomas Lipscomb, Chairman, Shelbyville; Dr. Thomas Menees, Nashville; Dr. J. E. Black, Memphis; Dr. F. Bogart, Sweetwater; Dr. J. M. Boyd, Knoxville. Committee on Publication, Dr. Ambrose Morrison, Chairman, Dr. C. S. Briggs, Dr. Deering J. Roberts, Dr. J. H. Callender, Dr. J. A. Draughon, Nashville.

A HIGHLY PRAISED DIURETIC.—The treatment of dropsy with Apocynum Cannabinum (American Indian hemp), by no means to be confounded with cannabis indica, was lately the subject of an interesting paper read by Dr. Andrew H. Smith before the New York Academy of Medicine, in the Section of Materia Medica and Therapeutics. This plant is indigenous in America, and has long been used and prized for its diuretic properties. Dr. Rush called it "the vegetable trocar." Dr. Mott used it, but thought it too active for any but sthenic cases. In 1869 attention was redirected to it by Dr. Harvey Jewett, of Canandaigua, N. Y., who, "as a tonic and diuretic," regarded it as more efficient in the cure of general anasarca and in removing the accumulation from serous sacs, than all other remedies known to the profession. In atonic cases he recommended small doses at short intervals. A rapid cure was the result in his hands where there was not incurable organic disease. The drug has a place in the Pharmacopœia of the United States, in the form of powder of the root and a tincture prepared from this (see Martindale and Westcott's Pharmacopœia). But Dr. Jewett used a decoction made with one drachm of the bark of the fresh root to eight ounces of water; of this the dose was half an ounce every six hours. In 1875 Dr. Hutchins related a case of general anasarca, with pleurascites, and œdematous lungs, with extreme dyspnœa, face cyanotic, and mind wandering. All diuretics had failed, and it seemed unwise to annoy the patient with further treatment; but as a *dernier ressort* the apocynum was tried, and the quantity of urine was raised from between six and twelve to thirty ounces, and the urgent symptoms were relieved. The drug evidently deserves attention, and to have its action and uses defined.—*London Lancet.*

THE SURGEON-GENERAL OF THE ARMY.—*Dear Sir:* Our British friends, who have, especially in recent months, manifested so kindly an interest in the medical profession of the United States, ought, above all things, to be accurate in their statements. We read on page 756 of the issue of the British Medical Journal, of April 17, 1886, in the announcement of the fifty-fourth annual meeting of the British Medical Association, to be held at Brighton, August 10-13, 1886, that "An Address in Medicine will be delivered by Surgeon-General John S. Billings, M.D., Director-General United States Army, Medical Department, Washington."

It is incomprehensible that a journal, which is the official organ of a great National Association, could have been misled as to the fact that the Surgeon-General of the United States Army is Brigadier-General Robert Murray, one of the most distinguished officers of a corps, which has more than one distinguished member, especially distinguished both as a physician and as a surgeon.

General Murray entered the army in 1846, was commissioned assistant surgeon-general on December 14, 1882, and has been surgeon-general of the army since November 23, 1883. The official reports of the surgeon-general's office of the army have all, since that time, been issued over his signature and by his act, and consequently a periodical of the character of the British Medical Journal ought not to have been ignorant of the personality of an officer of such prominence.

Dr. Billings was number forty-four on the roster of the medical corps for January, 1886, and number twenty-seven on the list of "surgeons with the rank of major," having only entered the service in 1862, and is on duty at the Medical

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Department as one of the six assistants (not assistant surgeon-general, this officer being Colonel Glover Perrin, another veteran practitioner, and surgeon of nearly forty years' service, not unknown to fame). The misstatements in this case only deserve correction on account of the injustice done in ignoring an officer of the professional reputation of Surgeon-General Murray.—ACCURACY, *Journal of American Medical Association.*

NASAL CATARRH.—In the pathology and treatment of nasal catarrh and catarrh in general, the profession, as well as the general public, has been vastly benefited by recent investigations. When I say recent, I mean to include the last decade. However simple we have been accustomed to regard catarrh, or cold in the head, by the fathers of medicine, we have now become convinced, by actual statistical knowledge, that it is one of the most formidable, as well as universal disabilities of the human family.

Without going into lengthy details, we are satisfied for the present by simply stating our personal experience, and suggesting some of the remedies best calculated to furnish speedy and permanent relief, that is, for the time being, for no one who has had anything to do with this very common malady will pretend to deny its predisposition to frequent returns in this variable climate.

I look upon the disease as purely a neurosis, and capable of being controlled only when, by proper medication, you quiet the irritation of the general nervous system, and thereby quiet the peripheral trouble.

I fully concur in Dr. Lee's views in his paper before the Harveian Society of London, as quoted by Dr. C. H. Hughes, in the Review of April 10th, and, like Dr. Hughes, I wish to extend all this class of neuroses to irritation reflected to central ganglia from peripheral nerves, and not by any means confined to simple coryza.

Now as to the treatment. Nothing could be more rational than that suggested by the paper above referred to. But we need something more. The old adage of "feed a cold and starve a fever," when you come to make it apply to this class of disorders may not only be untrue, but positively absurd.

I have seen patients in recent attacks, who, in following out this misleading idea, had stuffed themselves not only with food, but stimulants as well, and consequently brought on a fit of indigestion, and consequently an aggravation of all the symptoms. My plan is, when I find this state of things, to first relieve the stomach of its burden by an active emetic, if need be, and then give a full dose of opium with the bicarbonate of potash, or, maybe, the bromide of potash. The valerianate of morphia acts well in some cases of peculiarly nervous temperament. Then, if the coryza is very annoying, use, as a snuff, one drachm subnitrate bismuth to two grains muriate morphia, *ad lib.*, until the unpleasant discharge ceases.

If the system is run down, after the urgent symptoms are relieved, the patient should be put upon a good tonic treatment, such as quinine and the mur. tinct. iron, or gentian and iron. This constitutes the principal part of the treatment, and does away with a good deal of gratuitous advice about change of flannels, visiting watering places, etc.—JOHN W. TRADER, M.D., *Weekly Medical Review.*

ATTACKS OF DYSPNŒA RESEMBLING ASTHMA DUE TO PRESSURE BY A FATTY TUMOR, AND CURED BY OPERATION.—During September, 1884, I was summoned to attend a lady in the country for a supposed case of "spasmodic asthma." The husband came in haste for his family physician, and, finding him absent, came to my office in a very excited state of mind, and told me that in the absence of his physician he wanted me to see his wife as soon as possible, stating that she was having one of her old attacks of asthma, and that he had fears of her death. I, of course, responded to the summons as promptly as possible. On entering the house and approaching the bedside, my attention was at once arrested by the peculiar breathing of the patient. It was of that peculiar hissing sound so characteristic of membranous croup. I then made a brief inquiry into the history of the case, and was informed by the mother of the patient that these attacks were of very frequent occurrence, and that she had been suffering for about five years with "shortness of breath," as she termed it. She also stated that her attacks were becoming more frequent and her breathing more embarrassed, more especially at night. The husband added that he had scarcely any sleep at night, on account of having to attend to his wife. He also added that if she would remain in just one certain position she could sleep without any trouble. I then asked whether she had been taking any kind of medicine, and the mother showed me two vials containing two different medicines—one of which contained tincture of lobelia and the other Fowler's solution of arsenic. The former was directed to be taken when the attacks came on, and the latter before each meal.

After hearing the history of the case as well as the peculiar breathing of the patient, I felt satisfied in my own mind that the breathing was not of an asthmatic character, but that, on the contrary, it was suggestive of some obstruction along the trachea. With these considerations on the present aspect of things, I at once desired the removal of all the clothing from about the patient's

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neck, in order that I might be able to examine and ascertain the cause of her hard breathing. While the mother was thus carrying out my directions to make the neck bare for an examination, the patient turned her head over to one side, as if by accident, and at once stopped her loud breathing and remarked that she felt somewhat better.

This at once clinched my diagnosis; but I proceeded to examine the neck, and, to the surprise of all in the room, I found a fatty tumor situated at the margin of the clavicle and under the sterno-cleido-mastoid muscle. Although buried very deeply, and situated under the margin of this muscle, I could feel it very distinctly and move it about with a very small amount of pressure with my fingers. I then turned the patient's head, by way of experiment, and found, to my full satisfaction, that the tumor was the whole cause of the supposed asthmatic attacks and loud breathing.

Satisfied with my diagnosis, I of course advised an operation for the removal of the growth. After much talk and persuasion I finally got her consent to operate.

Upon my next visit, accompanied by my friend Dr. H. C. Beckett, of Scottsburg, Virginia, I enucleated, with its capsule or sac, the tumor. It was about the size of an ordinary turkey's-egg. The patient stood the operation well, and she has now entirely recovered her health and is quite free from her supposed asthma.

She has given birth to one child since the operation, and she remarked to me when I last saw her, that she suffered less in her last pregnancy than in any one of the previous four. She also remarked that she was then enjoying better health than she had for more than ten years. The tumor had developed slowly, as lipomas usually do. It is quite probable that the asthmatic attacks were produced by irritation of some branch of the pneumogastric nerve by the gradually increasing mass.

I made a brief synopsis of this case and reported it to the Virginia Medical Monthly last August. But since that time increasing interest in the case has prompted me to rewrite it, as an illustration of the necessity of a correct diagnosis and its relations to rational treatment.—B. C. KIESTER, M.D., *Philadelphia Medical Times.*

A NEW REMEDY IN CYSTITIS AND LITHIASIS —PICHI (*Fabiana Imbricata*).—So short a time has elapsed since this remedy was offered to the medical profession that a report on its use may seem premature. But so long as the report is confined to a simple statement of facts, leaving the reader to judge of the influence the medicine may have had in bringing about the results, no one need scruple at the evidence.

The first case in which I used the fluid extract pichi was early in January, when my attention was called to the drug by Dr. J. E. Clerk, the chemist of this city. A Mr. G., æt. 23 years, who contracted gonorrhœa a year or more ago, and who had stricture of the urethra, which I found necessary to divulse a few days before Christmas. A copious hemorrhage from the deep urethra followed the operation, and a few days later severe vesical tenesmus disturbed the patient so that sleep and appetite vanished. All the symptoms of typical cystitis speedily developed. Morphine, belladonna, hyoscyamus, and alkalies were used internally and by the rectum for a week, without materially modifying the symptoms. So irritable did the bladder become that it would not retain urine longer than from five to fifteen minutes. I now began the use of the fluid extract of pichi in fifteen-drop doses in water once in three hours. The tenesmus and pain began to decline after twenty-four hours, the mucus and pus also to diminish in quantity, and at the end of the week the bladder would retain its contents three hours without causing the patient any inconvenience.

This patient has now, March 8th, fully recovered. I think the cystitis was of traumatic origin, —the harsh manipulation of the vesical mucous membrane with the divulsing apparatus. Thompson's instrument was the one used.

Mrs. F., æt. 21 years, miscarried two years ago. Since then had not been well enough to do her work. She had backache, leucorrhœa, and also rectal and vesical tenesmus. The uterus was lacerated to the depth of one-eighth of an inch on the left side of the cervix. There was marked ectropion of the lining of the cervix uteri. I thought a plastic operation closing the fissure in the cervix would cure her, and I put her under chloroform and operated in December last. She improved for a couple of weeks after the operation in all her symptoms except the vesical tenesmus; this remained the same, and gradually became worse, so that I was obliged to make another study of her case during the last week in January. The urine contained mucus and pus, was alkaline in reaction, and precipitated the phosphates in such quantities that the latter part of the stream in urinating was white as milk. She had exhibited an idiosyncrasy against the use of opiates before I subjected her to the operation for lacerated cervix, so that I did not attempt to get the virtues of those drugs, but put her at once on fifteen-drop doses of the fluid extract of pichi, combined with one drachm of simple elixir. Her bladder I washed out daily with a one per cent. solution of cocaine muriate, which controlled the pain admirably. The urine speedily exhibiting the odor of the pichi, became acid in reaction, and held the phosphates in solution. She has made a good recovery in the

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place of what threatened serious progressive invalidism.

Mr. B., æt 25 years, who had been afflicted with cystitis in former years, but had not suffered any symptoms of that disease for more than a year, came under my care at Harper Hospital for the cure of fissure in ano. Under chloroform I paralyzed the sphincter by stretching it with my thumbs. While he was under the influence of the anæsthetic, I explored his urethra with a No. 12 (American) sound, meeting with no resistance or impediment to the easy passage of the instrument into the bladder. Two days after this very gentle manipulation of the urinary tract (for I don't think the operation on the sphincter could have caused it) he began to pass turbid urine and to have vesical tenesmus. One grain opium suppositories had in the mean time been used in the rectum three times a day, easing his pain, but not changing the character of his urine. Pichi was now resorted to, and all symptoms of cystitis soon disappeared. At date he continues in hospital, resting for the cure of his anal fissure.

Mrs. ——, æt. 27, had chronic cystitis, due to neglected retention of urine, following accouchement. She had overflow before the catheter was used to relieve her. I found it necessary to divulse her urethra to insure thorough evacuation of her bladder. It was very irritable after the operation. Pichi, combined with fluid extract hyoscyamus, controlled the painful symptoms and gave the bladder the physiological rest essential to a cure.

Mr. H., æt. 71 years, had been getting up nights to pass urine for the last five years. Ten months ago he found he could not empty his bladder, and was compelled to call a surgeon to use the catheter. A severe chill followed, and he was very sick for two months, having the catheter used every day. He learned to use it himself, and continued to use it daily until last February, when he had another chill, and his left testicle swelled and inflamed. He was too sick to use the instrument. I was summoned by his medical attendant in consultation, and opened a large abscess of the left testicle, and advised against further use of the catheter. His prostate was greatly enlarged. Opium and camphor suppositories relaxed the spasm of the prostatic muscles so that he got along without the catheter. His urine was heavily loaded with urates. Mucus, blood, and pus were present in abundance. He was put on fluid extract pichi, and continued its use for three weeks. He has made an excellent recovery.

I might enumerate numbers of cases of lumbago and sciatica in the course of which urates were precipitated from the urine in large quantities, and which recovered while the patient was taking the pichi. Combined with a potassium salt I have found it to act more quickly than any other remedy in bringing about a solution of the urates and relieving the rheumatic neuralgia so frequently associated with that unstable condition known as lithuria, phosphatism, etc. A formula I have often used is—

℞. Fl. ext. pichi . . . . ℥j.
Potass. nitrate . . . . ʒj.
Simple elixir . . . . ℥iij.

M. Sig.—Teaspoonful once in two hours.

—Hal C. Wyman, M.D., *Therapeutic Gazette.*

Delusions, the Result of Intestinal Accumulations.—I propose to bring under notice the following case of mental delusion, dependent on intestinal accumulation, and its resulting reflex derangement:—

My patient, a lady, about fifty years of age, was brought to me with the following history. She had been married for twenty-nine years, and brought up a family of six children, all of whom were healthy; no miscarriages. Her general health had been remarkably good all through her married life; she had been a good wife, and an exemplary mother. She had passed the change of life without any marked nerve-derangement. Her family history was good; no traces were discoverable in it of mental derangement, or of serious hereditary disease.

About a year ago she began to lose appetite and flesh; her skin became harsh, dry, and yellowish in tinge; her digestive powers became greatly impaired; once or twice there had been some vomiting of blood, and a troublesome dry cough had developed itself. These symptoms led, on the part of her family, to a fear of consumption, which fear was dispelled by a medical examination. Remedies, however, failed to relieve her symptoms; and, about eight months ago, mental delusions began to show themselves. These at first took place invariably at night, and were, from first to last, of one class only—namely, that connected with taste and smell.

At first, two or three times a week, and of late nightly, the patient would complain that some one was burning sulphur or phosphorus in the room. She would get up frequently to search the room for a man, who, she supposed, was smoking. She became impressed with the idea that her husband and children produced these smells, in order to annoy her, and, if possible, to kill her; and twice she had left the house, and remained away for days, in order to rid herself of her supposed persecutors. The smells, however, followed her wherever she went, and she came to believe herself the victim of a widespread conspiracy. About this time she began to refuse food, alleging that it contained poison, and that she could distinctly taste arsenic and sulphur in everything that was prepared for her. She ac-

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cused the grocer, the milkman, the baker, and the butcher, of attempts to poison her, and communicated her suspicions to the police.

When brought to me her condition was as follows: She was much emaciated, and disinclined to talk, had a stupid and spiritless aspect, a cachectic look of the skin, yellowish conjunctivæ, etc. She made no special complaint, other than of the conduct of her friends. The bowels were said to be regular. The urine was thick, depositing lithates in abundance; no albumen or sugar. Examination of the special senses and of the chest resulted negatively. Inquiries about the abdomen elicited the fact that a sense of weight and of movement had latterly been much complained of, and I determined on making an examination of the part. On inspection, a curious state of matters became apparent. The position of the transverse and descending colon was occupied by a large elevated ridge, and the movements of the smaller intestine were distinctly visible through the thin abdominal walls.

It is scarcely necessary to add that the elevated ridge was produced by an immense collection of hardened feces, which it took several days, with the aid of spoon-handles, injections of glycerine, castor-oil, hot water, and the free use of mild aperients, to remove. The first scybalum passed was so large and hard, that it actually once seriously occurred to me to place the patient under chloroform, and extract it with Simpson's short forceps.

It is now six weeks since the accumulations were removed, and in that time the patient has increased wonderfully in weight. She eats well and sleeps well, and, most satisfactory of all, not a trace of her delusions remains. Her friends declare that she is in better mental and physical health than they have known her to be for the last ten years.—DR. A. E. BRIDGER, *British Med. Journal.*

BANQUET TO THE ASSOCIATION OF THE AMERICAN MEDICAL EDITORS.—There assembled at the St. Louis Club, Monday evening, as the guests of the Medical Library and Press Association, the following-named gentlemen:—

Drs. H. O. Walker, Detroit; M. F. Coomes, Medical Herald, Louisville; J. V. Shoemaker, Medical Bulletin, Philadelphia; J. J. Mulheron, Medical Age, Detroit; A. L. Fulton, Kansas City, Medical Record; Thomas H. Hawkins, Denver, Medical Times; Leartus Connor, American Lancet, Detroit; W. W. Jaggard, Chicago Medical Journal and Examiner; Frank Woodbury and George H. Rohé, Philadelphia Medical Times; William C. Wile, New England Medical Monthly, Newtown, Conn.; Richard J. Dunglison, College and Clinical Record, Philadelphia; W. M. Carpenter, Medical Record, New York; D. W. Yandell, American Practitioner and News, Louisville; F. L. Sim, Mississippi Valley Medical Monthly, Memphis; N. S. Davis, Journal American Medical Association; D. T. Smith, American Practitioner and News, Louisville; J. Deering Roberts, Southern Practitioner, Nashville; Thomas Summers, Florida Medical and Surgical Journal, Jacksonville, Fla., John S. Marshall, Archives of Dentistry, Chicago; J. Taft, Dental Register, Cincinnati; F. L. James, A. H. Ohmann-Dumesnil, and F. M. Rumbold, St. Louis Medical and Surgical Journal; John G. Harper, Archives of Dentistry; H. M. Whelpley, National Druggist, St. Louis. Besides these gentlemen, directly connected with the medical press, the following distinguished guests were present: Dr. William Brodie, the President of the American Medical Association; Drs. J. M. Toner, Washington, D. C.; Henry O. Marcy, Boston; William H. Pancoast, Philadelphia; Moses Gunn, Chicago; John B. Hamilton, Surgeon-General U. S. M. H. S.; Walter W. Wyman and S. T. Armstrong, U. S. M. H. S., Dr. Octerlony, and others.

The members of the Medical Press and Library Association were present in full force.

The President of the Medical Press Association, Dr. William Porter, delivered the following address:—

Gentlemen of the Association of American Medical Editors: It has been my pleasant duty to greet you in the name of the Medical Press Association of St. Louis. You have honored us with your presence at our table, and by that token we are friends; we are engaged in the same work, and in our labors we are brothers.

In nature the all-powerful forces are silent ones. Among men, and especially among medical men, the most potent influences are also silent.

The books upon our shelves are rays of light from the bright lives of men whom we never saw. The records of the experience of others noiselessly mould and shape our own actions, till we have a strange commingling of that which we have read, combined with and colored by that which we have seen.

So it is, gentlemen, that an assembly of medical editors is a force—a mighty power—capable of exerting an influence which may not be easily estimated.

To be called to the chair of a medical university or college is a distinction which many have greatly desired; but while the professor speaks to scores of doctors that are to be, you, gentlemen, address each week or month hundreds or thousands of physicians in active practice, men who are themselves centres of influence and power.

In union, in organization, there is strength. Here, in the acknowledged directors of current medical literature, is a power which harmonized

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and organized, I hesitate not to say, is the controlling power of the profession of to-day.

See to it then that this force be rightly applied, that it be not the fitful wind or the swaying tide, but constant, persistent, and unyielding in upholding the honor and dignity and progress of our loved profession.

I congratulate you, gentlemen, that you are all in accord with the spirit of our great and grand National Association. It is needful that this should be. In the deliberations of the American Medical Association are formulated principles which it is yours to take, present to, and urge upon your readers.

Your journals connect the national head with the individual members of the great and legal body of American physicians.

Of this body of giant frame and varied membership, it has been said that the brain is situated near the rising sun. Location or causes to us unknown seem to have developed a hydrocephalic tendency, which we may well treat by counter-irritation, compression, or absorption.

Meanwhile you are the back-bone, each one a vertebra of strength.

In conclusion, we have placed before you this evening food for the inner man, to signify our appreciation of that mental pabulum which we have received during the year that is past, through the medium of our exchanges.

Dr. I. N. Love was elected toast-master, and presented quotations from Shakespeare, which were responded to by Drs. N. S. Davis, William Brodie, J. M. Toner, W. H. Pancoast, H. O. Marcy, J. B. Hamilton, J. V. Shoemaker, W. C. Wile, and J. M. Carpenter.

Many others responded happily, especially Drs. Summers, Woodbury, Mudd, Todd, Yandell, Reynolds, and Gunn.—*The Daily Bulletin of The Medical Review.*

THE TREATMENT OF ACUTE RHEUMATISM.—Dr. P. M. Latham (British Medical Journal) says: In gout, uncomplicated with contracted kidney or albuminuria, salicylic acid is often of service. But it is in acute rheumatism that it shows its special power, acting truly, when properly administered, as a distinct specific. Here is a disorder which, under different treatment, may exist for weeks stationary, so to speak, in its intensity, the great heat and nervous and vascular excitement, and pain and swelling exactly of the same amount to-day as they were weeks ago; a disorder which, less than fifty years ago, was said to be "often such in itself, and such in its appalling incidents, as to need, from time to time, that medicine should put forth the full compass of all its powers. Every organ or system of organs, which either directly or indirectly can receive the impression of the remedies are, from time to time, called to bear all that they can possibly endure; and it is often only when the powers of medicine are pressed even to the verge of destroying life that life is saved."

And now, with or without the administration of a purgative, as the occasion requires, the patient is placed fully under the influence of salicylic acid, and in from forty to sixty hours, not unfrequently in a shorter time, the pains in the joints have subsided, the limbs can be freely moved, and the bodily temperature has reached the normal condition. But more than this—and here the remedy shows its signal power—in no case of rheumatism that has come under my care during the last six years, either in hospital or in private practice, has there been developed, where the heart was previously sound, any cardiac complication, such as endocarditis or pericarditis. If this can be maintained and insured, we have, indeed, in our hands a most potent remedy. Cardiac complications constitute the chief danger in acute rheumatism, and the danger, if the disease is taken in hand soon enough, may, with our new remedy, be averted.

But certain conditions must be observed to insure success in the administration of the remedy. They are as follows:—

First. The true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialyzed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens.

Secondly. Give the acid without any alkali or base. A very good form is to mix one hundred grains with fifteen of acacia powder and a little mucilage. Allow the mass to stand and harden, and then divide into thirty pills.

Thirdly. Place the patient fully under the influence of the drug—that is, let him have sufficient to produce cerebral disturbance—that is, buzzing in the ears or headache, or slight deafness; with the development of these symptoms, the temperature and the pain in the joints will begin to decline. To an adult, I generally administer three doses of twenty grains (six pills) at intervals of an hour, and, if the head remain unaffected, a fourth dose at the end of another hour; and then repeat the twenty grains every four hours, until the physiological effect of the remedy shows itself. In the majority of cases from eighty to one hundred grains are enough. In severe cases, one hundred and forty to one hundred and fifty may be required. Afterwards, about eighty grains a day are sufficient; and, as the temperature declines, smaller quantities will develop their physiological effects, sixty or even fifty grains being then sufficient to produce cerebral disturbance. It would appear that, as long

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as the rheumatic poison is circulating in the system, the physiological effect—that is, the effect it produces in the healthy organism—does not show itself; acting as an antidote, the greater the amount of poison, the larger must be the dose of the remedy; but as soon as the formation of the *materies morbi* is stopped, then the excess of the remedy acts as it would in the healthy organism, and its peculiar physiological effects are developed. It is a very striking illustration of the difference between the therapeutic effect of a remedy and its physiological action.

Fourthly. Give the patient from forty to eighty grains daily for ten days after all pain and pyrexia have passed away.

Fifthly. Let the patient's diet consist entirely of milk and farinaceous food for at least a week after the evening temperature has been normal. On the other hand, if the patient have meat and soup, you may look forward with fair probability to a relapse.

Sixthly. Take care to maintain a daily and complete action of the bowels. Calomel is the best purgative, from two to five grains at night, followed in the morning, if necessary, with a saline draught. This is the most important adjuvant to the action of salicylic acid, and I will presently explain to you why this is the case.

Seventhly. Let the patient be enveloped in a light blanket, and with no more bed clothes than are sufficient to keep him from feeling cold. The object of the treatment now is to cool the patient—not, as in former times, to sweat the poison out of him; and the cooler he is kept the sooner will the temperature be lowered. In fever, increased heat increases the metabolism, just as in a cold-blooded animal.

These are the seven rules upon which I act. I have given the true salicylic acid where there have been both aortic and mitral mischief; and I have also given it in rheumatism complicated with pericarditis, and, as yet, I have seen no bad result from it. Of course, in cases of pericarditis accompanied with delirium, the use of the remedy requires caution; you cannot tell when the system is saturated with the remedy and you must therefore trust to smaller doses and other means for controlling the disease. Further, if pericarditis or endocarditis, pneumonia, or pleurisy, have been developed, the remedy is powerless over the mischief which is done; it will neutralize the poison producing the mischief, so as to stop its extension; but the inflammatory exudations will undergo their usual changes, unabbreviated in their course. We see the same thing in tonsillitis. Given early enough, salicylic acid will stop the mischief; but, if exudation of lymph have taken place, salicylic acid is powerless to cause its absorption.

I have referred to the necessity of keeping up daily and sufficient action of the bowels. The benefits resulting generally in rheumatism, from the so-called purgative plan of treatment, have always been recognized by the older physicians as striking and satisfactory. By the judicious use of cholagogue purgatives, we eliminate the bile from the intestines, and so remove from the system a quantity of glycocine, which, if re-absorbed, would lead to the consequent formation of uric acid. Calomel is unquestionably of service here. Doubts may exist as to whether it promotes the flow of bile from the liver or not; but when the bile gets into the intestine, calomel will cause its evacuation. Referring to the three modes of treatment—by venesection, by opium, and by purgatives—which were in vogue at the time, Dr. P. M. Latham says, with regard to the last: "As the plan of treatment works prosperously day after day in its immediate effects, so day after day it gives an earnest of the remedial impression it is exercising upon the whole disease. It abates the fever, it softens the pulse, it reduces the swelling, and it lessens the pain. In short, it subdues the vascular system like a bleeding, and pacifies the nervous system like an opiate; and often, in the course of a week, the acute rheumatism is gone. In three days, there is often a signal mitigation of all the symptoms; and in a week I have often seen patients, who have been carried helpless into the hospital, and shrieking at the least jar or touch or movement of their limbs, rise from their beds, and walking about the ward quite free from pain.

"Of this plan, often so striking in its operation, and often so satisfactory in its results, I have some further remarks to make. It is called the purgative plan; yet its purpose is achieved by calomel and purgatives conjointly. The purgatives would not answer the end without the calomel; of that I am quite certain; neither would the calomel answer without the purgatives, unless it produced of itself ample evacuations from the bowels. It is probable, in short, that the remedial efficacy of the plan resides essentially in the calomel; in calomel, however, not as mercury, but as itself—calomel. If the specific effect of mercury—salivation—arise, it is not only beside our purpose, and against our wish, but it begets a serious hindrance to the use of calomel in sufficient quantity for the end in view. Thus the whole plan is frustrated. Having began one plan of treatment, we are obliged to take up with another. Time is lost, the case is perplexed, the disease is prolonged, and the patient perhaps injured." . . .

"Now, if in the treatment of acute rheumatism, you were to choose one indication and abide by it, and were to trust one class of remedies, and to it only, you will find more cases that admit of a readier cure by the method now described, than

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by either of the two former. You will find the aggregate of morbid actions and sufferings, which constitute the disease, more surely reached and counteracted, and more quickly abolished by medicines operating upon the abdominal viscera only, than by those which influence either the bloodvessels only, or the nerves only. You would find in calomel and purgatives, a better remedy than either venesection or in opium."

In the earlier attacks of gout, too, I have often seen marked relief follow the administration of calomel and a saline cathartic. Where there is high arterial tension, as in the gouty paroxysm, this may be distinctly lowered by these remedies. They check the further formation of uric acid, which is stimulating the vaso-motor centre, and causing the increased arterial tension, by eliminating the bile from the intestines. In some persons, calomel has a depressing effect, and, when the kidneys are unsound, is injurious in its action. Where calomel is inadmissible, a gentle laxative, such as rhubarb, is often of service. When the object is simply to unload the bowels in a debilitated subject, it is the best purgative. It is said to act chiefly by increasing the peristaltic action of the bowels throughout their entire extent, but especially that of the duodenum. According to Rutherford it is a cholagogue. Sir Henry Halford recommended, as a prophylactic remedy against gout, a few grains of rhubarb, with double the quantity of magnesia every day; or some light, bitter infusion, with tincture of rhubarb, and about fifteen grains of bicarbonate of potash.

The saline cathartics probably act only by causing serous evacutions, and in that way carry off from the blood some of the poison contained in it. They may also act beneficially, perhaps, by relieving the congested liver.

The diet is another important point to be attended to in the treatment both of gout and rheumatism. It should be simple and nutritious; jellies and food containing gelatine should be avoided, as this substance furnishes glycocine. Animal food will not, itself, produce uric acid in a healthy system, as is shown in its absence in the urine of the carnivora; but from all kinds of meat a certain amount of glycocine will be produced, and, even if all the rest of the nitrogenous portion, after being absorbed into the system, were converted into urea, this would necessitate an increased elimination of urea, and consequently a greater tax on the powers of the kidneys. If these powers be weakened, there will be, with an increased call upon the organs, less power to act; and not only will the urea, but, still more, the uric acid, accumulate in the blood. The striking benefit and increased urinary secretion, which result in some forms of albuminuria from a skimmed-milk diet, that is the simplest of all diets, very well illustrate what I mean here. The presence of urea in the blood may, by its action on the nerve-centres, determine an increased blood-supply to the kidneys, and so, in a healthy state of things, an increased secretion; but, if the secretory portion be damaged, or the nerve-force controlling it defective, an increased flow of blood to the part, producing a congested condition of the organ, would not expedite, it would rather hinder, the work of the secretory portion. The simpler the diet, then, the less tax there will be upon the kidneys, and the better they will do their work. Let the diet, then, be chiefly farinaceous, with just sufficient nitrogenous food to satisfy the wants of the system; and, in the acute attacks, let that be in the form of milk, diluted even, if necessary.

The explanation which I have here offered of the symptoms of a gouty paroxysm, helps us to understand the beneficial action of colchicum in this disorder. According to Dr. Lauder Brunton, this drug paralyzes the sensory nerves, the motor nerves and muscles being unaffected. It seems to act best when the bowels are previously acted upon. If in gout, then, uric acid during the paroxysm be stimulating the sensory nerves, and, through them, the more active portion of the vaso-motor centre, and we paralyze the sensory nerves with colchicum, the uric acid no longer produces its effect, and the paroxysm ceases; but the colchicum has no effect in preventing the formation of uric acid, and, after the paroxysm, we must endeavor to prevent its recurrence by putting a stop to the formation of the poison, which we may effect by eliminating the bile from the intestines by mercurial or other purgatives, by giving benzoic or salicylic acid, and by suitable diet. In large doses, colchicum will cause purging, but marked symptoms of collapse supervene, so that it is not safe to administer the remedy in this way.

AMERICAN MEDICAL ASSOCIATION. — The thirty-seventh annual session of the American Medical Association was held in Exposition Music Hall, St. Louis, on May 4, 5, 6, and 7, 1886. Over one thousand delegates were in attendance, and the entire proceedings were of the most harmonious character.

The opening of the session was formally announced by Le Grand Atwood, M.D., Chairman of the Committee of Arrangements, after which the President, William Brodie, M.D., was conducted to the chair.

Prayer was offered by the Rev. Montgomery Schuyler, D.D., and the address of welcome was delivered by the Hon. D. R. Francis, Mayor of St. Louis.

Drs. N. S. Davis, J. M. Toner, T. G. Richardson, and D. W. Yandell, the attending ex-presidents of the association, were invited to seats on the platform.

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The protests, which were entered against the admission of the delegates from the Philadelphia County Medical Society, the New York Academy of Medicine, the Davidson County (Tennessee) Medical Society, the Tri-State Medical Association, and the Mississippi Valley Medical Association, were referred to the Judicial Council.

Dr. William Brodie, the President, then delivered an interesting and instructive address, in which he reviewed the history and achievements of the American Medical Association, and after referring to the failure of the attacks which had been made upon it during the past year, urged the adoption of several measures which would increase the sphere of its usefulness. He recommended that the association approve of the bill now before Congress, providing for an investigation into the cause and the possibility of the prevention of yellow fever, and suggested that the resolutions recommending the employment of the metric system be rescinded. He also recommended the formation of a Section on Dermatology and Syphilis. He denounced the indorsement of proprietary medicines by physicians as discreditable, and recommended that the Secretaries of Sections be made permanent, subject to removal on the recommendation of the Section. Dr. Brodie concluded by reviewing the action of the association in reference to the International Medical Congress, and after expressing his approval of the work of the Enlarged Committee, urged the necessity of a united effort to make the Congress a brilliant success.

On motion of Dr. J. H. Murphy, of St. Paul, the thanks of the association were tendered to the President for his address, and its recommendations were referred to a special committee for consideration.

Dr. John S. Lynch, of Baltimore, then reported on behalf of the Committee on Organization of the International Medical Congress, that the committee had nominated the officers of the Congress and adopted a series of rules for its government, and had transferred the work of further organization to an Executive Committee, composed of the President, Secretary-General, and Treasurer of the Congress, and the Presidents of the various Sections.

On motion of Dr. Gihon, of Washington, the report was received and adopted unanimously.

Dr. Henry H. Smith moved that the motion just passed be reconsidered, and Dr. Gihon then moved that the motion to reconsider be laid on the table. The latter motion was also passed unanimously.

Dr. J. H. Murphy, of St. Paul, Dr. A. L. Gihon, of Washington, and Dr. A. L. Garcelon, of Maine, were appointed a Committee on the President's Address.

The Nominating Committee was announced as follows: Arkansas, Dr. P. O. Hooper; Colorado, Dr. J. W. Graham; Connecticut, Dr. W. C. Wile; District of Columbia, Dr. J. W. Bulkley; Dakota Territory, Dr. J. B. Van Velsor; Florida, Dr. T. O. Summers; Georgia, Dr. J. W. Bailey; Illinois, Dr. J. E. Owens; Indiana, Dr. T. B. Harvey; Iowa, Dr. W. Watson; Kansas, Dr. C. V. Mottram; Kentucky, Dr. W. H. Wathen; Louisiana, Dr. Joseph Jones; Maine, Dr. Charles E. Webster; Massachusetts, Dr. E. W. Cushing; Maryland, Dr. G. H. Rohé; Michigan, Dr. H. O. Walker; Mississippi, Dr. P. W. Rowland; Missouri, Dr. G. F. Dudley; Minnesota, Dr. H. H. Kimball; Nebraska, Dr. W. M. Knapp; New Jersey, Dr. E. L. B. Godfrey; New York, Dr. E. S. F. Arnold; North Carolina, Dr. C. J. O'Hagen; New Mexico, Dr. W. R. Tipton; Ohio, Dr. H. J. Sharp; Pennsylvania, Dr. J. C. Lange; Rhode Island, Dr. H. R. Storer; South Carolina, Dr. R. A. Kinloch; Tennessee, Dr. Duncan Eve; Texas, Dr. J. F. Y. Paine; Vermont, Dr. A. T. Woodward; Virginia, Dr. G. B. McCorkle; West Virginia, Dr. G. W. Baird; Wisconsin, Dr. W. T. Galliway; United States Navy, Dr. W. T. Howard; United States Marine Hospital Service, Dr. W. Wyman.

The Address in Anatomy and Surgery was read by Dr. N. Senn, of Wisconsin.

Dr. A. L. Gihon read the report of the Rush Monument Association.

The Address in Obstetrics and Diseases of Women was delivered by Dr. S. C. Gordon, of Maine.

On motion of Dr. I. N. Quimby, an amendment providing for the establishment of a Section on Medical Jurisprudence, was passed.

The Committee on the President's Address presented the following report, which was adopted:—

1. That in the opinion of the committee it was proper and desirable for this association, without delay, to memorialize Congress in behalf of the pending resolution to appoint a scientific commission consisting of three members of the medical profession, to visit the habitats of yellow fever, with the view of determining the validity of the claims of Drs. Carmona and Freire, to have discovered the means of preventing or modifying the attacks of the disease.

2. The committee did not approve of the suggested recession from the recommendation of the use of the metric system.

3. That it heartily approves the suggestion of the President that the association, having created a Section of Medical Jurisprudence, shall further establish a Section of Dermatology and Syphilis.

4. It concurs with the President as to the wisdom of the provision that the several Sections shall elect their own officers from men of recognized authority and experience in special

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Section work; and, further, in its opinion the efficiency of the Sections will be enhanced by a continuance from year to year of the Secretaries of said Sections.

5. It indorses the views expressed by the President respecting the Journal of the Association and of the exclusive proprietary interest of this association in the papers and reports made as part of the transactions.

6. The association should emphatically denounce the indorsement by certificate, advertisement, testimonial, or indirect approval of any form of proprietary remedies and appliances, and should instruct the Judicial Council to take action in all such cases without formal presentation of charges. That, in the words of the President, "the stigma of professional disgrace rests upon any regularly educated physician who allows his name to be advertised as indorser of any patent, secret, or proprietary medicine."

7. That it is desirable that the association appoint a committee at this meeting to consider the advisability of amending the organic law of the association by the establishment of branches, and report thereon at the next annual meeting.

8. It earnestly reëchoes the wish of the President that the members of the profession cordially coöperate in the effort to make the American Session of the International Medical Congress creditable to the country and attractive and instructive to the foreign members—sacrificing personal and private piques and disappointments in generous emulation to contribute to that success which has been unconditionally pledged in the invitation tendered to the foreign members of the Congress to meet in the United States.

The Nominating Committee then presented the following report, which was adopted:—

President.—E. H. Gregory, M.D., St. Louis.

Vice-Presidents.—Drs. E. H. Miller, Stillwater, Michigan; W. B. Welch, Fayetteville, Arkansas; William H. Pancoast, of Philadelphia; W. C. Wile, Sandy Hook, Connecticut.

Permanent Secretary.—W. B. Atkinson, M.D., Philadelphia.

Assistant Secretary.—J. Nevins Hyde, M.D., Chicago.

Treasurer.—R. J. Dunglison, M.D., Philadelphia.

Librarian.—C. H. A. Kleinschmidt, M.D., Washington, D. C.

Section of Practice of Medicine.—Drs. J. S. Lynch, Baltimore, President; J. B. Marvin, Kentucky, Secretary.

Section of Surgery.—Drs. H. H. Mudd, St. Louis, President; J. B. Roberts, Philadelphia, Secretary.

Section of Obstetrics.—Drs. S. M. Johnson, Kansas, President; W. W. Jaggard, Illinois, Secretary.

Section of Diseases of Children.—Drs. De Laskie Miller, Chicago, President; W. P. Lawrence, Secretary.

Section of Oral and Dental Surgery.—Drs. J. S. Marshall, Chicago, President; E. S. Talbott, Chicago, Secretary.

Section of Medical Jurisprudence.—Drs. I. N. Quimby, New Jersey, President; H. H. Kimble, Minnesota, Secretary.

Section of State Medicine.—Drs. G. H. Rohé, Baltimore, President; Walter W. Wyman, United States Marine Hospital Service, Secretary.

Committee on Necrology.—Dr. J. M. Toner, Washington, President.

Judicial Council.—Drs. N. S. Davis, Illinois; Hawkins Brown, Kentucky; William Brodie, Michigan; D. J. Roberts, Tennessee; R. C. Moore, Nebraska; T. A. Foster, Maine; James A. Gray, Georgia.

Trustees of Journal.—Drs. P. O. Hooper, Arkansas; A. Garcelon, Maine; L. S. McMurtry, Kentucky.

Time and Place of Next Meeting.—Chicago, first Tuesday in June, 1887.

Chairman of Committee of Arrangements.—Charles Gilman Smith, M.D., Chicago.

Dr. John B. Roberts subsequently tendered his resignation from the position of Secretary of the Section on Anatomy and Surgery. On motion, the resignation was accepted.

The reports of the Committees on the Collective Investigation of Disease and on Meteorological Conditions and their Relations to the Prevalence of Disease, were presented by Dr. N. S. Davis.

The report of the Committee on Cremation was read by Dr. J. M. Kellar, of Arkansas, and on motion, referred to the Committee on State Medicine.

The Address in Medicine was delivered by Dr. James A. Whittaker, of Ohio. The Address in State Medicine was delivered by Dr. John H. Rauch, of Illinois, in the course of which he recommended that the requirements for graduation in all medical colleges should be made to include four years' study and three years' attendance on clinical and didactic lectures.

Dr. J. M. Toner made the following report on behalf of the Judicial Council, which was received and adopted:—

In the case of the protest against the admission of delegates from the Tri-State Medical Society, your Judicial Council would respectfully report that, as the Constitution of the association recognizes delegates only from State societies and from such county and district societies as are in affiliation with their State societies, the Tri-State Medical Society not being in affiliation with such State society, its delegates are not admissible to seats in this association.

In the case of the protest against admission of delegates from the Davidson County Medical Society of Tennessee, the Judicial Council reported that after careful examination of all printed, written, and oral discussion, they had decided that sufficient evidence had not been presented to warrant them in denying registration to such delegates, but that the Council desired to admonish the said Davidson County Medical Society that it should put itself as soon as practicable, in affiliation with the State Society.

In the case of the protest against the admission of the Mississippi Valley Medical Society's delegates, the Judicial Council reported that the protest had been accompanied by no charges, and, therefore, the Council could take no action.

In the case of the protest against the Phila-

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delphia County Medical Society, which, upon petition, was reopened to admit of the hearing of new testimony, the Council decided, after long and careful reëxamination, including evidence not before presented, that notwithstanding the fact that the delegates from this society hold documents usually held to entitle to membership, the methods employed at their election were of such an irregular character as to prohibit their being received. The Treasurer was further authorized to refund to delegates from this society any money which he had received from them as dues. The delegates thus excluded were referred back to their County Society for final action.

The address on Ophthalmology was then delivered by Dr. Eugene Smith, of Detroit.

The President then announced the appointment, as delegates to the European Medical Societies, of Drs. N. S. Davis, Chicago; William T. Briggs, Nashville; W. W. Dawson, Cincinnati; William H. Pancoast, Philadelphia; S. C. Gordon, Portland, Me.; Ephraim Cutter, New York; John V. Shoemaker, Philadelphia; Donald McLean, Ann Arbor; Eugene Smith, Detroit; B. A. Watson, Jersey City; William Brodie, Detroit; and L. H. Montgomery, Chicago.

Dr. H. O. Walker, of Detroit, was appointed delegate to the Ontario Medical Society, and Dr. William Brodie, of Detroit, delegate to the Canada Medical Society.

Dr. E. H. Gregory, the President-elect, was introduced to the association, and made a few appropriate remarks, after which the meeting adjourned.

In the Sections.—The meetings of the sections were well attended, and the following valuable papers were read either in full or in part:—

Section of Practice of Medicine, Materia Medica, and Physiology.—The Etiology of Disease, by Dr. A. C. Haven, Lake Forest, Ills.; Essential Vertigo, by Dr. L. Bremer, St. Louis, Mo.; The Physiology of the Circulation, by Dr. F. N. Huston, Rockland, Me.; Antipyretic Doses of Quinine in Typhoid Pneumonia, by Dr. O. T. Schultz, Mt. Vernon, Ind.; The Life and Labors of Pasteur, by Dr. O. T. Laws, Columbia, Mo.; The Diagnostic Value of Patellar Reflex in Diseases of the Nervous System, by Philip Zenner, St. Louis, Mo.; The Etiology of Dengue Fever, by Dr. J. W. McLaughlin, Austin, Texas; The Treatment of Cholera, by Dr. S. S. Todd, Kansas City, Mo.; The Therapeutic Value of Potassium Chloride, by Dr. A. J. Pattee, Boston, Mass.; The Clinical Aspects of Renal Cancer, by Dr. John A. Octerlony, Louisville, Ky.; Pneumatic Differentiation, by Dr. Herbert F. Williams, New York.

Section of Surgery and Anatomy.—A Case of Aortic Aneurism Treated by the Insertion of Wire into the Aneurismal Sac, by Dr. J. H. Ransohoff, Cincinnati, Ohio; Fibre or Spindle-celled Sarcomatous Tumors, by Dr. B. A. Watson, Jersey City, N. J.; Incision and Drainage of Lumbar Abscess, by Dr. Edmund Andrews, Chicago, Ills.; Amputation at the Hip-Joint for Disease of the Joint, by Dr. Donald MacLean, Ann Arbor, Mich.; Surgical Relations of the Ileo-Cæcal Region, by Dr. J. McF. Gaston, Atlanta, Ga.; The Proper Treatment of Penetrating Wounds of the Abdomen, by Dr. Henry H. Smith, Philadelphia; Some of the Complications of Strangulated Hernia, by Dr. R. Harvey Reed, Mansfield, Ohio; Hernia, and the Best Method of Cure, by Dr. Henry O. Marcy, Boston, Mass. How the Iliac Arteries Act as Valves upon the Venous Flow into the Inferior Vena Cava, by Dr. Charles A. Todd, St. Louis, Mo.; Digital Exploration of the Bladder, by Dr. William F. Belfield, Chicago, Ills.; Galvano-Caustic in Diseases of the Prostate, the Bladder, and the Urethra; The Treatment of Anal Fistula Associated with Phthisis, by Dr. E. E. Glover, Terre Haute, Ind.; Vertical Extension in Fractures of the Femur in Children, by Dr. J. M. Barton, Philadelphia.

Section of Obstetrics and Diseases of Women.—The Treatment of the Membranes in Abortion and Labor, by Dr. William H. Wathen, Louisville, Ky.; Some Observations on the Uterine Sound, with Especial Reference to its Use in Gynæcology, by Dr. W. W. Potter, Buffalo, N. Y.; A Remarkable Case of Congenital Absence of the Ostium Vaginæ and Delivery Through the Anus, by Dr. J. F. Y. Paine, Galveston, Texas; Perineal Lesions and Their Repair, by Dr. Henry O. Marcy, Boston, Mass.; Electrolysis in Gynæcology, by Dr. F. H. Martin, Chicago, Ills.; Puerperal Fever and the Early Pelvic Inflammations and Accumulations, by Dr. Willis P. King, Sedalia, Mo.; Employment of Antiseptic Vaginal Irrigation, by Dr. E. Gustave Zinke, Cincinnati, Ohio; The Pathology of Erosions (so-called) of the Os Uteri, by Dr. E. W. Cushing, Boston, Mass.

Section of Diseases of Children—Diphtheria, by Dr. J. M. Dunham, Columbus, Ohio; Treatment of Diphtheria, by Dr. DeLaskie Miller, Chicago, Ills.; The Non-Identity of Membranous Croup and Diphtheria, by Dr. J. M. Towles, Columbia, Tenn.; Why Diseases of Children Should be Made a Study by Themselves, by Dr. Mary H. Thompson, Chicago, Ills.

Section of Oral and Dental Surgery.—Pyorrhœa Alveolaris, by Dr. E. S. Talbot, Chicago, Ills.; Necrosis, by Dr. W. H. Atkinson, St. Louis, Mo.; A Superior Right Wisdom Tooth Discharged from the Nasal Passages, by Dr. John S. Marshall, Chicago, Ills; Transplantation of Teeth, by Dr. W. N. Morrison, St. Louis, Mo.; The Relation of Syphilis to Dental and Oral Surgery, by Dr. G. F. Lydston, Chicago, Ills.

Section of State Medicine.—Our Financial Relation to the Community, by Dr. Woods Hutchinson, Des Moines, Iowa; Purified as if by Fire, by Dr. G. S. Franklin, Chilicothe, Ohio.

Section of Ophthalmology, Otology, and Laryngology.—Retinoscopy, by Dr. Edward Jackson, Philadelphia; An Improved Perimeter, by Dr. E. Dibble, St. Louis, Mo; Practical Points in the Treatment of Diphtheria, by Dr. William Porter, St. Louis, Mo.; Pharyngo-Laryngeal Fibroma, by Dr. E. Fletcher Ingalls, Chicago, Ills.; Perforation of the Membrana Tympani as a Curative Measure in Labyrinthine Disease, by Dr. R. W. Bishop, Chicago, Ills.; A New Procedure for the Cure of Symblepharon, by Dr. Eugene Smith, Detroit, Mich.

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BOOK REVIEWS.

The Principles and Practice of Medicine. By the late CHARLES HILTON FAGGE, M.D., F.R.C.P., Physician to, and Lecturer on Pathology at, Guy's Hospital; Examiner in Medicine in the University of London; Senior Physician to the Evelina Hospital for Sick Children, etc. Including a Section on Cutaneous Diseases by P. H. PYE-SMITH, M.D., F.R.C.S., Lecturer on Medicine at Guy's Hospital; Chapters on Cardiac Diseases, by SAMUEL WILKS, M.D., F.R.S., Physician to Guy's Hospital, and to the Royal Hospital for Children, London; and Complete Indexes, by ROBERT EDMUND CARRINGTON, M.D., Assistant Physician to Guy's Hospital, London. Vol. I. Philadelphia: P. Blakiston, Son & Co., 1886.

To American readers Dr. Fagge is well known through his exhaustive contributions on different subjects which have appeared in Reynolds's System of Medicine and other English reprints. He was a very voluminous writer, a constant contributor to the periodicals, and was for some years editor of Guy's Hospital Reports, furnishing much valuable matter to it. His most extensive literary work was the translation of Hebra on Diseases of the Skin, published in five volumes by the New Sydenham Society. Dr. Fagge was not a specialist, as his writings testify. He has written on many subjects in medicine from his personal experience, and his papers bear the impress of a powerful and cultivated mind. During the last twelve years of his life he was constantly occupied in preparing the volume before us, and it is sincerely to be regretted that he did not live to see its publication. However, able hands prepared the MSS. for the press. The first volume has as yet only been published. It is a large octavo of 1040 closely printed pages. The type used is long primer, with a handsome face, and presents a very pleasing appearance.

Now, having given our readers a slight sketch of the author and his book, it is proper that they should know somewhat of its contents, which can be seen by the following summary: It opens with an introductory chapter, defining disease, etc. Then follow the sections and their subdivisions, viz., GENERAL MORBID PROCESSES: Contagion, Fever, Inflammation, Tubercle, Tumors, Syphilis. SPECIFIC DISEASES: Typhus, Relapsing Fever, Enteric Fever, Scarlatina, Rötheln, Measles, Smallpox, Chickenpox, Ague, Dengue, Yellow Fever, Erysipelas, Diphtheria, Cholera, the Plague, Epizoötic Diseases affecting man. DISEASES OF THE NERVOUS SYSTEM: General Introduction, Affections of the Nerve Trunks, Affections of the Spinal Cord, Spinal Paralysis with Wasting of Muscles, Locomotor Ataxy, Disseminated Sclerosis, Diseases of the Brain due to Local Lesions of the Circulation, Local Organic Affections of the Brain, Chronic Affections of the Brain due to Diffused Organic Lesions, Inflammation of the Membranes of the Brain. NEUROSES: The Spasmodic Neuroses, the Paroxysmal Neuroses, Hysteria, Hypochondriasis, Psychoses, or Functional Disorders Affecting the Mind, Affections of the Nervous System produced by Poisons and by Heat. DISEASES OF THE RESPIRATORY SYSTEM: Affections of the Larynx, Obstruction of the Trachea, Symptoms and Signs of Pulmonary Affections, Bronchitis, Pneumonia, Pleurisy, Pneumothorax, Phthisis, Miliary Tuberculosis of the Lungs, Functional Diseases of the Respiratory Organs. All of the above subjects are treated most exhaustively, and contain a fund of laborious research and personal knowledge that will probably stamp Dr. Fagge's work as a fuller, more original, and elaborate text-book on medicine than any that has appeared. It will take a prominent position in our library simply on its merits, and that is the best indorsement we can give it. We therefore cordially commend it to the readers of THE BULLETIN.

Practical Human Anatomy. A working guide for Students of Medicine, and a Ready Reference for Surgeons and Physicians. By FANEUIL D. WEISSE, M.D., Professor of Practical and Surgical Anatomy, Medical Department of the University of the City of New York, etc., etc. Illustrated by 222 lettered plates, containing 321 figures. New York: William Wood & Co. 1886. Cloth, 8vo., pp. 456.

Professor Weisse has doubtlessly recognized a long felt want, which he has most successfully supplied. His book gives us the anatomy as we are accustomed to seeing it in the dissecting-room. It is essentially a topographical anatomy, and, while not destined to supersede Gray or the other text-books that are now used by the student, it is the most valuable adjunct to them that has yet been published. The book will be found to be of inestimable benefit to the more advanced student, particularly in aiding him in his dissections, and as a method of rapidly reviewing his knowledge prior to an examination. For the surgeon or physician it is of equal value, being essentially what the author claims for it, a ready reference book. The twenty-seven dissections are presented in three hundred and twenty-one figures, and too much cannot be said in favor of their faithfulness of representation, apart even from the artistically high merit they possess. The illustrations are on a scale sufficiently large to give a lucid idea of the parts they portray. It would be well for many of the authors who have of late years published illustrated works, to derive a lesson which they could not fail to learn from a perusal of this book. It can only be a source of regret to the student, that Professor Weisse has presented his reading matter in such a concise manner. While undoubtedly an advantage to one who merely wishes rapidly to refer to a work for a desired point, to the faithful worker it leaves a longing for more definite information from such a masterly source. The text is clear and large, and the book in all is one which is sure to increase in favor as it becomes more widely known.

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COMMERCIAL NEWS.

CONSUMMATE.

The use of oxygen in therapeutics is no longer a doubtful experiment. Dr. Wallain's earlier reports were received with some question. The results of his experiments, extending through nearly a score of years, were so marked and unusual that they seemed incredible. But corroboratory evidence is now coming from so many competent and trustworthy sources that it cannot be longer gainsaid. There is no doubt but that oxygen has a wide field in therapeutics.

The Wallain Oxygen Apparatus Manufacturing Company, of New York (announced in our advertising columns), unlike some enterprises which are prominently advertised in these latter days, seems to have been called into existence to *meet* and *fill*, rather than to *create* a demand. Practitioners who desire to avail themselves of its benefits, now have the assurance that they can procure the necessary outfits of apparatus and chemicals for manufacturing their own gases from experienced and reliable manufacturers.

GRATULATORY.

The Artificial Limbs manufactured by Geo. R. Fuller, of Rochester, N. Y., were pronounced first best in the U. S. Government competitive examination, have been adopted by the States of Virginia, Georgia, South Carolina, and Louisiana, are indorsed by the leading members of the surgical profession and recommended by thousands who are using them.

VERDANT.

For unalloyed verdancy we think the following equals any case recently recorded. It is a *verbatim* copy, names and places only omitted:—

DR. ISICE B—— December 4th 1885.

Dear Friend you are a man that did cure meny people in this world now cure me to I hope you can I want to ask you weather you can give me any stuft to stop selfpalusion I did stop it but now it gose me off in the nite if you can give me eny thing to cure it send it as soone ase you can and a letter how to use it and what it cost and as soon as I got the stuft I will send youre money I did think if I can get it from somebody I can get it from you do as good for me ase you can if I can do a thing for you I will do it

MR F— M—

FACETIOUS.

In the February number of THE MEDICAL BULLETIN the following lines appeared:—

"Little drops of water,
Little grains of milk,
Make the little doctors
Of Homœopathic ilk."

To which a correspondent of the Medical Record adds—

"Precious little bottles,
Sitting in a row,
Filled with potent liquid,
Known as H_2O.

"A drop of Mother Tincture,
Humble though it be,
Makes the tenth dilution
When poured into the sea.

"Of all the gulls delusive,
The greatest is to know
Where lies the healing power
In a drop of H_2O."

PROPHETICAL.

I have given Peacock's Bromides a thorough test, and am pleased to state that after an experience of twenty-five years I have never found any remedy which acts so surely as this preparation does. I am sure that in the near future, especially in the treatment of the brain and nerves, it is destined to take the place of the older preparations, to the benefit of both physician and patient.

FRED. B. WOOD, M.D.,
436 Broadway, Milwaukee, Wis.

DELUSIVE.

Mr. Addison, in the House of Commons, three times attempted to make a speech upon a pending question, and each time stopped after uttering the words, "Mr. Speaker, I conceive." A witty member, after the third attempt, arose and remarked: "I regret exceedingly that my friend has conceived three times and has yet brought forth nothing. It is a manifest case of false conception."

TONIC.

Aletris Cordial (Rio) is, without doubt, an excellent Uterine Tonic. I am more than pleased with the satisfactory results produced by its use in cases of uterine troubles which have come under my observation. I regard it as an invaluable medicine. H. T. Cox, M.D.
Mobile, Ala.

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BOSTON MEDICAL
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MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, JULY, 1886. No. 7.

A CLINICAL LECTURE.

REMOVAL OF THE UTERUS PER VAGINAM; REMOVAL OF THE OVARIES; IRREGULAR MENSTRUATION; DYSMENORRHŒA; CONVULSIONS.

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology at the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first case which I bring before you is the woman from whom I removed the uterus by the vaginal operation two weeks ago. You will recall the fact that there was hypertrophic elongation of the supravaginal portion of the cervix, and that the lower portion of the neck had undergone epitheliomatous degeneration. The os was outside of the vulva, while the fundus was high in the pelvis. My intention was to remove the epithelioma, as far as was possible, with scissors and knife, but, in doing so, I opened the peritoneal cavity. As the womb was movable, it was then decided to remove it wholly, and this was accomplished without special difficulty.

Since the operation, the patient has done perfectly well, the temperature only once reaching 100.5° Fahr. In all these cases the question arises whether to insert a drainage-tube or depend upon the ligatures for drainage. I concluded to adopt the latter plan. The vagina was lightly stuffed with corrosive sublimate cotton, which was changed twice a day. The vagina was also syringed twice a day. I shall now remove the sutures, and, as can be seen, union is perfect.

In regard to the removal of the uterus per vaginam, I am not prepared to express an opinion. In this instance, on account of the prolapse and the mobility of the uterus, the operation was not difficult. When, however, the operation is performed on a woman advanced in life, in whom the vagina is small, it becomes one of considerable difficulty. The womb has to be dragged down, and the broad ligaments are so short, that there is danger of the slipping of the ligature. There is also danger of including some important part in the ligature. The ureter has been twice included in twenty-seven operations. Both of these cases resulted fatally. This is still a young operation, and, while successful in the hands of two or three operators, it is very unsuccessful in the hands of most surgeons. This operation is not suited to those cases in which the womb is fixed, and it is extremely rare for me to see these cases of epithelioma of the cervix, until the disease, or the inflammatory processes resulting from it, have involved the adjacent tissues.

Let me call attention to the fact that the prolapse of the vagina has entirely disappeared. The parts which, at the time of operation were external, are now drawn so high that I have some difficulty in reaching the sutures. We shall keep this patient under observation and see how long she is free from the disease.

Removal of the Ovaries.—Here is a patient who was operated on two weeks ago for the removal of the right ovary, and, as the left ovary was also diseased, it too was removed. There has been a little skin abscess in the line of the incision. This I attribute to the use of the pressure forceps. These little abscesses occur more commonly in fat women than in others.

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Since the operation, the patient has not complained of pain, which before the operation was a marked symptom.

I shall now have the patient removed, and show you some of the material removed from the tumor. It is colloid in character, which excites a suspicion that the disease is malignant. The presence of pain is also a suspicious sign, for in ovarian cysts pain is not often complained of. We shall, therefore, keep this patient also under careful observation.

I have here the ovaries removed from a patient who fifteen months ago had a miscarriage, which I believe was a natural one. Since then she has had great pain in the ovaries, especially the left one. We find pain referred to the left ovary more frequently than to the right. I am unable to give any satisfactory explanation for this, unless it is due to the proximity of the rectum, or to the anatomical peculiarity that the left ovarian vein empties into the renal vein. The ovaries were enlarged and exceedingly tender, and after treating her in various ways, I came to the conclusion that the only thing to be done was to remove the ovaries. I operated yesterday. As you see, the ovaries are much enlarged, and are the seat of cystic degeneration. These little cysts, by making pressure on the sensitive nerves, caused the pain. There is, in conjunction with the cystic degeneration, parenchymatous degeneration. Since the ovaries were removed, although the operation was done only yesterday, she has lost the original pain.

I also operated yesterday for the removal of the ovaries in a case of peritonitis. Some time ago the patient attempted to produce an abortion. The result was a severe peritonitis, followed, after a time, by marked hysterical symptoms, including paraplegia. After treating her for some time without much improvement, removal of the ovaries was decided upon. I operated yesterday, but did not succeed in removing the ovaries. The parts had become so matted together, as a result of the inflammation, that it was impossible to distinguish one organ from another. I thought that to persist with the operation would be more likely to cause the death of the patient than to result in her restoration to health. I hope, however, that the operation will be of service through its mental effect and through the breaking up of some adhesions.

I have here the ovaries removed from an epileptic. The attacks revolved around the menstrual periods. She finally got into such a condition that death was preferable to life under such circumstances, and both she and her husband begged me to remove the ovaries. Learning the history of the case, I decided that this should be done as a last resort. When this disease is present, I am not sure that removal of the ovaries or the testicles to stamp out the disease and prevent it from being transmitted would not be a justifiable operation. The ovaries were removed in this case. One is larger than it should be, and the other presents a cyst. The oviducts were also enlarged and filled with fluid, but these have not yet been examined. What the result of the operation will be in this case, there has not yet been time to determine.

I have repeatedly had physicians send me patients with the request that I remove the ovaries, and I have seen these patients get well under the rest-treatment, with massage, etc.; put to bed, given proper food to fatten them and medicine to strengthen them. Let me explain how this treatment does good. I have repeatedly told you that where we have nerve exhaustion we have irregular circulation. As a result, certain organs receive too much blood, while others do not receive enough. During menstrual life, the ovaries are the most exacting organs in the body. The sensitiveness of the ovaries surpasses even that of the perineum. The Scriptures allude to the "apple of the eye" as the most sensitive part of the body, but the eye will stand a cut or puncture, while, even under ether, a cut or puncture of the perineum will cause flinching. The sensitiveness of the ovaries exceeds even this. The inflamed ovary cannot be touched in the slightest way without causing great pain. Since these exacting organs invite blood to themselves, we find that when there is loss of control of the circulation they receive too much blood, and, as a result, they become turgid, heavy, sink down, and often prolapse, and in this way we get the ovarian pain. If we relieve the disturbance of circulation, if we equalize the circulation and attract the blood to other organs, or allure it to the periphery by means of massage and electricity, we remove the over-supply of blood, and the ovaries become relieved. I have seen numerous cases of recovery where the ovaries were not only prolapsed but exceedingly tender. Where patients can afford to rest and submit to treatment which is expensive, it is well to

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begin the treatment in this way, but when a poor woman, who cannot afford to give up her work, comes to you, you are warranted in removing the ovaries rather than submitting her to a plan of protracted treatment which is largely experimental.

Irregular Menstruation, Dysmenorrhœa, Convulsions.—This patient is eighteen years of age, and single. Puberty occurred at the age of fifteen. Shortly afterwards the menses became menorrhagic. They are now of normal quantity, but appear only every four or five months. For the past two years she has had epileptiform convulsions and dysmenorrhœa. These spasms occur about the menstrual periods, and when they take place near the time for menstruation, the menses do not appear.

It is sometimes a difficult matter to decide whether a patient is suffering from hysterical or from epileptic convulsions. There are, however, certain little points which to me serve as landmarks. When a patient bites the tongue, I should say that, as a rule, it is a case of true epilepsy. In epilepsy they usually froth at the mouth, but do not do so in hysteria. If the eyelids are tremulous during the convulsion, I feel very confident that it is a case of hysteria. Again, in hysteria the patient usually begins with very marked nervous manifestations, whereas in epilepsy the attack usually comes on without warning. In epilepsy there may also be an aura.

In this patient, then, we have irregular menstruation with dysmenorrhœa. The indications for treatment are to make the menses regular and to relieve the dysmenorrhœa. The painful menstruation appears to have no effect upon the convulsions. She came to the hospital for the purpose of having the cervix dilated, and I should have performed the operation if I had known that she was coming. As it is, I have not my instruments with me, and the operation will have to be postponed.

It is a general impression that a woman is ill because her menses do not appear. This is not so. The menses do not appear because she is not well. The absence of menstruation is simply one of the phenomena indicating ill health. This patient's blood needs improving. Taking it all in all, I think that Blaud's pills fulfil the indications better than anything else. I also like the use of arsenic. I shall, however, not use the arsenic in this case, as the patient will not be under observation. I shall order the following:—

℞. Ferri sulphatis exsiccati.
Potassii carb. puræ . . āā 3ij.
M. et ft. pil. No. xlviii.

The original prescription directs that the pill shall be made with gum tragacanth and sugar, but this is said to be a difficult way of making the pills, and I therefore leave the selection of the excipient to the apothecary. Mucilage of gum arabic is often used, but this is incompatible with iron, causing a precipitate, and, further, a pill made with gum arabic is liable to become exceedingly hard and only soluble to a slight extent. Glucose answers the purpose better than anything else. It is said that a double decomposition with the formation of carbonate of iron and sulphate of potassium takes place in this pill. It may in the stomach, but if glucose is added this decomposition cannot take place outside of the body.

We shall order the pills to be taken in the following manner: To begin, she will for three days take one pill after each meal. On the fourth day she will take four pills, two after breakfast, and one after the other meals. On the fifth day she will take five pills, two after breakfast and dinner, and one after supper. On the sixth day she will take six pills, two after each meal. She will then continue for a week taking six pills a day. After that she must increase by one pill a day until she takes nine pills a day. These she will continue, and report in one month. The only inconvenience that is liable to result from the use of these large doses is a fulness in the head. If this should occur, the patient will lessen the dose for a day or two. This is one of the best remedies in amenorrhœa. As I have said, arsenic is a useful remedy. Fowler's solution may be given with the syrup of the iodide of iron, in the proportion of one part of the former to nine of the latter. Of this, ten drops may be given after each meal, and gradually increased to thirty drops. While this does not injure the teeth, it is apt to discolor them temporarily.

JANUARY AND FEBRUARY (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending copies of these numbers to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

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ORIGINAL COMMUNICATIONS.

OPERATION FOR LATERAL DISPLACEMENT OF THE NASAL BONES.

BY WILLIAM ADAMS, LONDON.

[Reported by T. RIDGWAY BARKER, M.D.]

AS the operative measures commonly employed for the replacement of the fragments of the nasal bones are often unsatisfactory when osseous union has occurred, I feel sure this somewhat novel and original method, which has proven so successful in the hands of Mr. Adams, both in private and hospital practice in some twenty-five cases, will be of interest to American surgeons.

The patient upon whom the operation was performed was a young Englishman 21 years of age, who five years ago was struck on the nose with such violence that the nasal bones were fractured at the junction of the upper and middle third. The swelling immediately after the reception of the injury was so great that neither the deformity nor the displacement of the septum were observed by the patient or his friends. He applied cold water to the point of injury, believing that the swelling and deformity would soon disappear, but, as the nose gradually returned to its natural proportions, the disfigurement became more and more marked. It was then that he first realized there had been a fracture of his nose, which he had neglected having attended to by a surgeon. For a number of years he worried over the affection, which he greatly magnified, finally deciding to call upon Mr. Adams for relief. His voice at this period was much altered, and his breathing considerably interfered with, owing to the deflected septum blocking up one nostril. Having undergone the preliminary treatment, he was etherized and the nose carefully examined. It was thought best to refracture the nasal bones, set them, and thus correct the deformity. The nasal bones were easily fractured by striking with a wooden mallet a piece of steel some four inches long, flattened at one end, which was covered with hard rubber and placed against the left nasal bone. Having fractured the bones, they were moulded into shape and firmly fixed by an ingenious apparatus manufactured by Mr. Ernst, of London, until union was complete. The apparatus consisted of a well-padded steel band, about an inch wide, which almost encircled the patient's head, the vacant space being filled by a silk band, which buckled on the opposite side.

From this steel headpiece passed straps over the head, and others beneath the chin, to hold it in place; in front, by steel arms, were fastened two small compresses covered with chamois skin.

The compresses were situated so as to compress opposite sides of the nose, the lower one, with a *long* arm, fixed the lower border of the nose, while the compress of the opposite side had but a short arm, and brought pressure to bear upon the nasal bones, forcing them into place and holding them there.

The distance between the compresses and their relation to each other were controlled by a key, which, on turning, lengthened or shortened the steel arms to which they were attached. The nasal bones being now in place, the straightening of the septum next claimed the operator's attention. The apparatus for correcting this deformity consisted of two pieces of ivory, each having an arm and forearm meeting at an oblique angle. The inner surface of the right and left wings were convex, the greater convexity being upon the side to which the septum was deflected, in order to press the septum to the opposite side. The wings were fastened by steel rods to a central pivot, around which they could be moved when it was desired to have them approach or recede, according to the size and shape of the nasal cavity. The "nasal ivory plugs" were easy of introduction, and were productive of scarcely any pain or annoyance. This dressing was left in place for several weeks, since, by the regulating screws, the angle or position of the compresses and nasal plugs could be effected without removal of the outer dressing.

The bruising of the tissues resulting from the force necessary to fracture the nasal bones was not great, and there were no unpleasant after-effects. The hemorrhage was very slight and soon ceased of its own accord. Cold wet compresses of absorbing lint completed the outer dressing, for the purpose of controlling subsequent inflammatory action.

A PROSPEROUS SIGN.—THE MEDICAL BULLETIN has enlarged its edition and gained over fourteen hundred new subscribers since January 1, 1886, owing to its intrinsic merits. This is very gratifying to us and advantageous to our advertisers.

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THE BEST DOCTOR FOR THE COMMONWEALTH.*

BY J. P. THOMAS, M.D.

GENTLEMEN of the Medical Society of the State of Kentucky: As a higher standard for legitimate medicine, the suppression of quackery in every form, and the progress of State medicine—are, or should be, among the principal objects of all scientific medical bodies—and especially one, composed as this is, of the majority of the best medical talent of the Commonwealth; therefore, any topic that may tend towards placing even one rung in the ladder by which such altitude for medicine may yet be attained I hope will prove of sufficient interest to command your attention for a short time, no matter how imperfectly such topic may be presented. Consequently, with the hope of promoting these important objects, I have chosen as my theme—

"THE BEST DOCTOR FOR THE COMMONWEALTH, OR THE DOCTOR AS AN OFFICER OF THE STATE."

This, of course, will necessitate extensive allusion to the much-discussed subject, and almost "thread-bare" theme, "A Higher Medical Education," the discussion of which has thus far produced but poor results in this State, but I am gratified to say grand ones in a few others. Alabama, Illinois, North Carolina, and Virginia have been gloriously rewarded in this respect, through the persistent efforts of their medical societies in this direction. I do not wish to be understood as demanding that the curriculum of the coming doctor shall embrace science in general, or even as of old, when it was said, "to be great in medicine one must be familiar with all its collateral branches." The first condition is too broad a field for the cultivation and grasp of one mind, and life is too short; the second, though perhaps attainable and advantageous, is not necessary for the successful practice of medicine.

Nor would I compel, or even advise, the embryo doctor to waste his time in the study of the classics, but endeavor, before entering upon the study of medicine, to gain a good English education, supplemented with all the knowledge of the natural sciences possible, and especially the two most needful to the successful practitioner of medicine—chemistry, and physiology; but as this has been so much better said by that venerated nestor of American medicine, Dr. Nathan S. Davis, I quote him, the man who has labored during his professional life for common-sense medicine and for the welfare of the profession, but who has done more, recently, with his pen and the great weight of his influence to protect the honor and dignity of the profession of America against the assaults of a few truly able and distinguished men, men, it is true, who have earned the gratitude of their profession by their works, but, unfortunately, whose egotism and a desire for leadership has overreached the bounds of modesty, and caused them to proclaim by their acts themselves as the only medical lights on this continent. But to return, Dr. Davis says: "That it should still be held, almost at the close of this century, when the natural sciences are the great powers of the world, and after religion, the greatest power of modern civilization, when all ancient and classical learning has failed to stay one human pain or lift one ounce of human suffering, that the man who has not the usual routine academic education is unfit for the study of medicine is beyond conception.

"The whole success of the physician must depend upon the skill with which he can utilize the experimental sciences." The absurdity of this dogma of the necessity of a classical education to the proper study of medicine, or its successful practice is evident, when we recall the brilliantly successful career as able clinicians of many of our most distinguished men, who, perhaps, never opened a Latin or Greek book.

The colleges are often censured and condemned for issuing diplomas to those unworthy to receive them; this is an erroneous view of the subject and does them gross injustice. There are no class of educators better qualified, as a rule, or who labor more earnestly and conscientiously to teach thoroughly their various branches in the short time permitted by law than teachers of medicine; and after all that has been written of the advantages of European schools, there are none better equipped for teaching all the essentials of medicine than the non-bogus or first-class medical colleges of America. The main fault is to be found in the material sent the schools of which to make doctors. Send them selected and fairly pre-

* Abstract of the Annual Address delivered before the Thirty-first Annual Session of The Kentucky State Medical Society, on June 23d, by Dr. J. P. Thomas, Pembroke, Ky., President of the Society.

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pared material, and they will turn out a safer class of practitioners.

Then, as the schools cannot select their pupils, but must admit all who apply, by reason of their unnecessary number and consequent competition, the question confronts the profession, How can medicine be raised to its proper standard? or how can legitimate and scientific medicine be cleansed from the contamination of ignorance and charlatanism? Why may not physicians ask of their law-makers statutes that will free their names and life-work from association in the public mind with all that is disreputable and vile, because the impostors bear the title M.D.?

Many, in their opposition to legislative control of the practice of medicine, claim that only a limited class of physicians demand such legislation, and only for their own selfish interests; when every medical man who has ever appealed for such law has conclusively shown that the paramount object was the protection of the people. Dr. H. O. Marcy, in a very thoughtful address before the "Association of Medical Editors," says: "The fallacy of the arguments of nearly all who have opposed legislalation, is the unproved and unwarranted assumption that a certain limited class of physicians, stigmatized as "old school" allopaths, regulars, etc., are the only parties interested in securing such legislation. Nothing is further from the truth, and it is my own conviction that, aside from the desire which should actuate all honorable men to lessen, as far as possible, a recognized evil, and to elevate the profession, with the honor or shame of which they are indissolubly connected, few, if any, would be found to advocate legislation, except as a most disagreeable duty."

The power of appointing the boards of medical examiners and of health, has been by legislative enactment vested in the State medical societies of three States—Alabama, Virginia, and North Carolina. Though the two latter have made a long stride in the right direction, and, so far, their law is working harmoniously, and for the best interest of their people, yet it is plain to all who have investigated them, that Alabama has decidedly the best law regulating the practice of medicine of any State in the American Union.

The Medical Association of Alabama is the accredited and legally authorized agent of the Commonwealth to regulate and govern all matters pertaining to the practice of medicine and the preservation of the public health within her borders, or, in other words, the medical society is the State Board of Medical Examiners and the State Board of Health. The exercise of these powers the State Association delegates to its board of censors, whose acts are subject to the supervision and correction of the association. The county medical societies constitute the local boards of examiners and boards of health in their respective counties, each of which has a board of censors elected by the society to act as medical examiners and board of health, subject to the approval of the county society. The acts of all county societies and their board of censors are under the supervision of the State society.

The society publishes annually a volume of transactions containing the laws of the State governing the medical regulations, together with, not only the papers read before it, but their discussion in full, making a volume that would do credit to the American Medical Association, or any other body.

The example of Alabama is worthy of the imitation of all her sister States. But without at present suggesting any of the several ways by which the administration and execution of proper laws governing the practice of medicine, and protecting the public health, can be kept out of the arena of politics, and thereby their good results to the Commonwealth secured from the failures incident to political favoritism, it is apparent to all who have given the subject serious thought, that some State regulation of the practice of medicine is sadly needed, and should be urgently demanded of our law-makers by the entire profession of the State.

We know that the national government is very strict in her regulations regarding the selection, examination, and appointment of her medical officers. Why? because she cannot afford to place incompetent medical men in charge of the health of her soldiers and sailors. Why not the same solicitude, as far as practicable, concerning the lives of her citizens? It is from their ranks she draws her army and navy.

Every one is aware of the stringent rules governing railroad corporations, as to the education and training of their engineers. Why? because human life is constantly dependent upon their skill. Why not as strict laws regarding the education and training of the

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medical men and women, who are also the guardians of the lives of the people? We all know the present law of this State is utterly useless and inoperative as to medical examining boards, and should be erased from the statutes. It appears to me that if our lawmakers would carefully consider the wholly different attitude, that the law in effect forces us as a profession to occupy towards the Commonwealth, from that of every other profession, trade, or calling, there would be no difficulty in procuring the passage of ample and effective laws guarding the entrance into the profession of only those properly prepared to assume its great responsibilities. We stand apart from other professions or trades in the fact, the law makes us officers of the State.

We are required, under penalty, to give our professional opinion of all causes producing death, our certificates of births, and often required to decide their legitimacy or illegitimacy as heirs-at-law, to give warning of the approach of disease of whatever character that may threaten the State or any of her communities. As medical witnesses we are compelled to give professional evidence, perform *post-mortems*, to analyze the tissues in suspected cases of death by poisons. In jurisprudence we are expected to understand the science of forensic medicine, to be able to give an expert opinion as to the doubts of an asserted pregnancy or the existence of one denied, of infanticide, of the usual means of homicide, and any and all causes of sudden death, or death by violence, to be able to distinguish a murder from a suicide, and in cases of death by hanging or drowning, to decide whether life is extinct or was at a certain moment, to explain the signs of sudden death from whatever cause, and to distinguish feigned from real disease. All these demands, and many others of a like character, to say nothing of insanity in its multitudinous phases, deciding the accountability or the reverse of its subjects, real or feigned, are constantly made upon the medical man as an officer of the State, and unjustly, be it said to the disgrace of the Commonwealth, without professional compensation. In addition he is expected to be conversant with medical police, sanitation, or State medicine. Especially is this a requirement in this era of advanced sanitary science, where the increasing appreciation of its good results is evident to every thoughtful mind. Though such requirements and onerous and responsible duties are required of the profession as officers of the State, not only without pecuniary compensation, but without encouragement by laws protecting its honor and dignity as a learned profession. This is obviously unjust, and as a profession we should unite in demanding protection of the State from the evils that beset us.

The only way to secure professional aggrandizement is by the coöperation and zeal of her members; whatever the doctors unitedly want they can get. Our greatest enemies are in our own ranks and camps. See Dr. Holt, but last January, assailed by enemies from home in the medical profession. Articles, hostile, written in the New Orleans Medical and Surgical Journal, and marked copies supplied to non-professional politicians, members of the committees to whom his yellow fever project was offered. It is necessary to force our Legislature to see not only the injustice to the profession as a class, but the necessity of reform for the protection and safety of the people.

Who is the best attorney for the State, the educated, examined, and licensed lawyer, or the uneducated and unlicensed pettifogger? Has the Commonwealth ever selected for her agent, to prosecute her criminals, one who has never been admitted to the bar after proper examination and licensed to practise law? What does she prosecute and punish her criminals for? Is it not for the protection of the lives and property of her law-abiding citizens?

Then we ask you, gentlemen, who is the best doctor for the Commonwealth? the uneducated ignoramus that has obtained his license, if he happens to have any authority, to go forth "as a wolf among lambs," or has obtained that authority without preparatory study, and in an incredibly short time, by "cramming," and yet is fully authorized to practise the most intricate and responsible art ever assumed by man, one requiring a greater amount of study to master its principles than all other branches of learning combined; or the educated and accomplished physician, who has spent years in study before he can persuade himself that he is competent to take the lives of his fellows into his hands, knowing, as he does, that a lifetime of study and observation is insufficient to master it as a science, and to keep pace with its progress he must continue a close student during his professional life?

The renowned French savant, Pasteur, is not allowed to perform the simple operation of tre-

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phining the skulls of the rabbits or monkeys upon which he experiments for the dilution of his hydrophobic virus, or the simpler one of introducing the hypodermic needle, by which to introduce his attenuated virus for the prevention of rabies, or to practise medicine, because he has never taken the doctor's degree.

What a contrast to the medical liberties of this country? Here, the merest novice in surgery may not only trephine the skull of the monkey, but that of his illustrious descendant, man, whom we know has made an immense advance in intellectual development from his original progenitor. When in France such a master in science as Pasteur cannot lawfully perform the most simple operation upon the far removed ancestor of the human race, much less upon the perfected animal. Here, the so-called trained nurses are permitted to give subcutaneous injections of powerful alkaloids, and introduce into the bladder catheters, bougies, etc. . . .

Why is it that our Legislature constantly shows more willingness to appropriate sums sufficient to stamp out disease in animals than it does to protect the health and prevent disease in the people? There is no objection to any effort on the part of the State or her people to stamp out animal diseases; but we do insist that the innocent children and uneducated men and women shall have an equal chance for their lives, as the life of one bright child is worth more to the State than that of many animals. When we consider the immense sums expended annually by the State in paying witness and juror fees, both often perjured or bribed; and the expense of the red-tapeism of everything official, to clear murderers and thieves, and thus rob the gallows and penitentiary of their dues, would it not be more conducive to the prosperity of the State and the moral and physical health of the people to hang the murderers and make the felons work for the State; and apply a portion of the sum thus thrown away literally in the encouragement of vice, to the advancement of medicine in all its departments?

First. By securing for her medical officers a better education, sufficient to fill all the requirements in the various positions to which they may be called by the demands of the State; as experts in medical jurisprudence, and qualified witnesses in all medical matters, and thus insure justice in criminal prosecutions, both to the accused and the Commonwealth.

Second. By securing the best system of State medicine, by encouraging her medical officers to become sanitarians, fully acquainted with all the known principles of sanitary science and the laws of hygiene; competent to advise and direct the prophylaxis of the State and the enforcement of effective quarantine.

A law regulating the practice of medicine and confining its offices to the competent, by demanding more time and care for the education of her physicians, would, of itself, prove one of the greatest sanitary measures, as unqualified doctors kill more than micro-organisms, impure water, or defective drainage.

It is not the over-crowding of the profession or the number of M.D.'s turned out by the schools that we complain of, for there is, and always will be, plenty of room at the top, and as far as the competent is concerned, this is easily regulated by the final "survival of the fittest;" but it is the haste that the great majority make to become doctors of medicine, and the door left so wide open by our present laws for the easy entrance of the hordes of charlatans that are yearly driven out of other States by more stringent laws, laws that restrict the practice of medicine to only those found competent by well-organized examining boards.

This latter class is becoming so numerous in the past few years, that the regular profession may reasonably become as indignant at the indifference of our Legislature as to exclaim in the language of the editor of The Texas Courier of Medicine, "The Legislature says, come all ye who are burdened with little knowledge and are heavy laden with rejected examinations; all refuse of Illinois, Indiana, and Missouri; come, come, too, the pretender and the hypocrite; come the homœopath, the allopath, the hydropath, the nopath, the electric, the eclectic, and the physio-medical. The faith doctor come, our fields are broad and our acres wide, our waters still and our pastures green. Come, abide with us, bleed us, cheat us, murder us."

It is some comfort to know that our Legislature did, "once upon a time," but after much bungling, pass a law authorizing the establishment of a board of health, and also that a board composed of competent men was appointed by the governor, but, alas, with an appropriation for its maintenance so utterly inadequate that nothing but a philanthropic sense of duty would have induced its appointees to accept and serve.

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The whole appropriation a bare compensation for the secretary, no compensation to the members, none for their supporters and co-workers the local boards; and only deducting the half salary allowed the secretary, twelve hundred dollars, little more is left than is necessary to pay for printing and postage, with nothing for sanitary work. Consequently, for want of means, the work of our board of health has been restricted to one-third the amount of sanitary work it could and would have accomplished. With half the amount given their boards by several other less wealthy States, many lives might have been prolonged, or at least much distress prevented in Kentucky.

The wonder is that the Kentucky Board of Health has been able to accomplish the work it has, the amount of which can only be appreciated by the few who have taken the trouble to investigate the labors of this board.

In this connection it is only justice to its distinguished secretary, Dr. J. N. McCormack, to say that he has, since he entered upon the arduous duties of the office, accomplished more intelligent and beneficial work in his department, and with less compensation, than any other officer in the service of the State. Individually, and at the expense of his private interests, without abatement of zeal, he has accomplished as much for the progress of sanitary science as could be expected of an entire board of sanitarians. And, as an illustration of this progress in the United States, we have only to note the rapid increase in the number of State sanitary boards. The first board of health was organized in Massachusetts in 1869.

Dr. Henry I. Bowditch, in his centennial address before the International Medical Congress, "On Public Hygiene and State Medicine," reports only twelve States that had up to that time (1876) State Boards of Health. To-day there are twenty-nine that have active boards of health, showing an increase of over one hundred per cent. in ten years, which is encouraging progress, and shows more governmental care for the public health than its most enthusiastic advocates expected at the time the great sanitarian and philanthropist of a continent, delivered his able appeal for preventive medicine. I never was a theorizer, nor a full believer in the self-limitation of disease in general, take no stock as yet in the "bug theory," am not a nihilist in therapeutics, neither an advocate of the so-called abortive treatment, and, as my paper read before this body last year shows, an enemy of polypharmacy, and that it is only profitable to the pharmacists, but detrimental to the health of the people.

Since I first read Louis's work on typhoid fever, and caught an idea of his methods of investigating disease, in 1860—the work then old, and the copy the property of my preceptor—I have relied upon the general principles of medicine, personal observation, a study of symptomatology, and principally, by exclusion, arrived at a diagnosis; and have, so far, failed to meet with as satisfactory results from the practical application of other methods or theories.

And when observation and the careful and accurate record of facts as witnessed in the phenomena of disease, without due regard to theories, shall have solved, as they alone can, the natural history of all diseases, it will be found that the best methods of preventing, modifying, and often curing them, without other aid, will be by the proper application of the grand principles of sanitary science; the foundation and capstone of which is cleanliness; and its employment in the prevention and treatment of diseases a *sine qua non*. Dr. Bowditch says the development of sanitary science is the great work of the future. But, if we could obtain nothing better in the way of legislative control of the practice of medicine than a simple statute embodying old usages, when custom made it necessary for an aspirant for medical honors to have studied three years in the office of a preceptor before he thought of matriculating in a medical college, such a law would be a return to old customs, when it was more difficult to obtain a diploma than now.

A law requiring the sworn certificate of a reputable practitioner, that the applicant for matriculation had been in reasonably close study of medicine for three years, would lessen the number of matriculates, and give the schools much improved material, of those who had the perseverance and means to go through the preparatory study.

The enforcement of some such law, with the coöperation of the profession, pledging its entire membership not to receive as pupils any who do not possess a fair English education and a reasonable amount of intelligence, would do much towards ridding the State of many incompetent doctors.

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You will observe that I have included the opposite sex as a part of the medical profession, because they are now recognized as the compeers of man in medicine, for which, individually, I thank God.

In every relation in life man is the better for woman's companionship; in every undertaking in life when he has had the coöperation, sympathy, and encouragement of woman, he has been more successful, and the labor less arduous in its accomplishment.

Consequently, her equal interest, responsibility, and cordial association with us in medicine, as earnest co-workers, is, of itself, a great advance towards the moral elevation of the profession. They will make better students, because more in earnest and more sincere; and, as all admit that intelligent nursing is more than half the battle in the treatment of disease, they will make better practitioners, because they are by nature better nurses, more delicately skilled in touch, and more sympathetic.

In fact, woman was divinely intended from the first creation to be an improvement on man. This is proven by the material employed in her creation. Adam, the man, was made of such crude material as dirt, while Eve, the woman, was made out of pure bone, refined by the process of bioplastic organization, not even of dead bone, but bone taken from the living man while in a state of anæsthesia, which fact alone sustains her title to enter the profession of medicine and surgery, as her creation was the result of the first surgical operation ever performed under anæsthesia. Again, statistics prove her to be divinely man's superior, because they show that there are in the world one-third more females than males. God made more of them because He saw they were an improvement on His first creation. But we are compelled to admit, however, that this is the reverse of man's custom, for in mortal creations the things most precious and valuable are fewest.

This society can already boast of being honored by the enrollment of two of the opposite sex as members, and my sincere wish is that the list may increase, until many more shall be added to its membership, as I believe we need never fear of meeting among the number of female graduates a single ignoramus.

May God continue to bless with his approval the labors of these objects of divine appreciation and man's adoration.

DOSAGE.

BY MALCOLM E. PARROTT, M.D.,

Late Resident Physician of the Jefferson Medical College Hospital.

NOTHING is truer than that there can be no definite and arbitrary rules governing the doses of drugs, physiological effect being our only safe guide. For certain drugs are apt to be sophisticated, while again others are of variable strength, though they may be most conscientiously prepared, it being difficult to obtain the crude materials of proper growth or season.

I recently saw a young man who, by mistake, had taken more than a tablespoonful of tincture nucis vomicæ, without the slightest untoward symptom, and when the mistake was discovered, hours later, and I was hastily summoned, I saw no occasion for interference, there being no symptoms of an overdose, nor did any develop.

On another occasion, recently, I ordered for a child three years of age, ten drops of syrup ferri iodidi tr. d., but the mother, by mistake, gave instead a teaspoonful dose; till my visit the day following, five teaspoonfuls having been taken in eighteen hours, and no appreciable harm resulting. Now, no one will deny these are overdoses, yet, as no harm resulted, it points to one of two things, either the medicines were inert, or the patients particularly hardy and not susceptible to them, for in neither case was the full characteristic physiological effect produced. Again, the moral might be drawn that we cannot be too careful in our directions to the nurse or attendant regarding the administrations of remedies, though in both these cases the directions were plainly written by the druggist, and reinforced by my own.

BROOKLYN, N. Y.

HYDROCHLORATE OF COCAINE AS A LOCAL ANÆSTHETIC AND ANALGETIC IN DISEASES OF THE THROAT, NOSE, AND EAR.

BY LAURENCE TURNBULL, M.D., PHILADELPHIA.

MATZ* published a monograph on the erythroxylon coca, in Paris, 1868 (Die Planzenloffee, pp. 91–93). The latter states that cocaine has the power of impairing sensibility when locally applied, and he

*Appendix to Turnbull's Manual of Anæsthesia, p. 9, 1885.

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is entitled to having made this important discovery, but failed to make it applicable to practical medicine. Then followed the experiments of Von Anrep, Von Bebia, and others. Various theories have been proposed to explain the action of cocaine, and while certain authors, as "Pflüger," attribute the anæsthetic effects to direct action of the drug on the terminal fibres of the five pair of nerves, others, like "Eversbusch," think that the contraction of the small arteries, and the capillary anæmia which results are probably the essential cause of the loss of sensibility.

Dr. Koller was the first true discoverer of its valuable anæsthetic properties; for even the laryngologists only limited its use to diminish the sensibility of the larynx, but not one of them discovered its power of producing anæsthesia, so that the parts could be cut and lacerated without giving pain. The original paper read by Dr. Koller, in September, 1884, was first published in Wien. Med. Wochenschr., Oct. 25, 1884, and has since been translated and republished by Dr. Knapp,* of New York. Two weeks before the original paper of Dr. Koller was published in Vienna, American physicians were informed of its use by Dr. H. D. Noyes, and without delay tested and proved the true anæsthetic properties of the hydrochlorate of cocaine on most of the tissues of the body, more especially the mucous membranes. Having given a full *résumé*, published in 1885,† of a large number of papers in their chronological order. I propose now to give a more brief *résumé* of our present knowledge of its various uses as a remedy in affections of the throat, nose, and ear.

The hydrochlorate of cocaine as an anæsthetic and analgetic for diseases of the throat and nose, was first recommended by Jelinck (Weiner Medinisch. Blätter, Nos. 39–44, 1884).

‡"Cocaine may be used in the upper air-passages in the form of solutions, to be applied by means of a brush, sponge, spray, or in the form of pastils, tablets, etc. If used in solution, it ought to be suspended in camphor water, or a slight addition of boracic or salicylic acid should be made to the aqueous or spirituous solution, because a small fungus quickly develops in the latter when there is no such addition. The originally exorbitant price of the remedy has led to trials of very weak solutions, and there can be no doubt that even two per cent. and four per cent. solutions, produce a certain diminution of sensibility of the respiratory mucous membranes. The full anæsthetic and analgetic effects, however, of which the remedy is capable, will only be obtained so far as the mucous membranes of the throat and nose are concerned, if a twenty per cent. solution be used.

The price of the drug having lately fallen very considerably, so that the question of expense has become altogether insignificant, there is no longer any use in temporizing with weaker concentrations, and the use of the full strength solutions may be warmly recommended. It ought to be observed here that the susceptibilities of different individuals to the influence of local applications of cocaine, vary just as much as the susceptibilities to the influence of other narcotics, and that now and then persons will be met with in whom a diminution only, but no complete loss of sensibility will be obtained.

Some constitutions, indeed, appear not to be at all susceptible to the effect of the drug, but it may fairly be stated that these cases form only rare exceptions. Children appear, on the whole, to come more quickly under the influence of the drug than adults. Complete anæsthesia is generally produced in the part painted with a twenty per cent. solution after from three to five minutes; and lasts, with gradually decreasing intensity, on the average fifteen to twenty minutes. The anæsthetic and analgetic effect is associated with contraction of the vessels of the parts (the ischæmia is especially noticeable in the cavernous tissue of the nose), and with feelings of stiffness, heat, burning, dryness, a desire to swallow, which, in some individuals, can only with difficulty or not at all be accomplished, and with a very transitory salivation. All these sensations soon pass away. The degree of anæsthesia obtained in the different parts of the respiratory mucous membranes seems to vary somewhat; as a rule, anæsthesia is more easily produced in the palate, tonsils, and posterior wall of the pharynx, and less so in the nose and larynx. It is very important to know that the anæsthesia and analgesia are strictly limited to the part which has

*Cocaine, and its use in Ophthalmic and General Surgery, H. Knapp, M.D., New York, pp. 1–9.

† The New Local Anæsthetic Hydrochlorate of Cocaine, by L. Turnbull, p. 7, Pamphlet. P. Blakiston, Son & Co., Philadelphia, 1885.

Year Book of Treatment, 1885, pp. 286–290.

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been in actual contact with the remedial solutions, and that there is no extension of the effect to the parts, even in the most immediate neighborhood.

This explains why in some operations, in which it is almost impossible to touch with certainty all the parts in which the surgical interference is to take place previous to the operation, *e. g.*, in removal of nasal polypi, the effect is often smaller than in those operations in which the whole field can with certainty be painted previously, as, *e. g.*, in tonsillotomy. In cases of operative interference in either nose or throat, it will be found advisable to paint the part to be operated upon twice over with the twenty per cent. solution, at intervals of one to two minutes, and to allow, after the second application, from two to three minutes to elapse before the operation is proceeded with. In cases of lengthy operations (removal of nasal or laryngeal polypi, etc.), it may be desirable to repeat the application from time to time during the proceedings.

Coming now to the various uses of cocaine in the upper air-passages, I think it right to mention, in a passing manner, not only its strictly therapeutical but also its diagnostic importance. The application of cocaine to the palate, uvula, and posterior walls of the pharynx greatly facilitates laryngoscopic and posterior rhinoscopic examination in many hypersensitive persons by diminishing, or even temporarily abolishing, tactile hypersensibility. It ought not to be forgotten, however, that the difficulties encountered in the laryngoscopic and rhinoscopic examinations of some persons, may not exclusively depend upon the local hypersensibility of their fauces, but more upon their nervous temperament. In order to prevent disappointment and depreciation of a most valuable remedy, it ought to be known that in such cases local applications can be of very limited, if of any value.

The different uses of cocaine in the respiratory passages have been so well and concisely put together by L. A. Dessar ("Cocaine und seine Anwendung im Larynx, Pharynx, und in der Nose" Inaugural Dissertation, Würzburg, 1885), that I cannot do better than translate his summary. He says, solutions of cocaine secure—

1. Diminution of tactile sensibility. This is useful—

(*a*) To facilitate laryngoscopic examination in cases of hyperæsthesia by abolition of reflex phenomena.

(*b*) In posterior rhinoscopy.

(*c*) To abolish the augmented sensibility in cases of swelling of the nasal mucous membrane.

2. Diminution of dolorous sensibility.

(*a*) In operations.
(*b*) In divers examinations.
} Executed in any part of the pharynx, larynx, and nose.

3. Abolition of dysphagia in cases of stenosis, produced by tumors, of phthisis (scilicet, pharyngeal and laryngeal), syphilis (viz., pharyngeal and laryngeal), perichondritis (viz., laryngeal), tonsillitis.

4. Ischæmia of much injected mucous membranes.

5. Diminution of profuse hemorrhages.

6. A certain diagnosis in cases of nasal reflex neurosis (asthma, different forms of neuralgia, hay-fever, epilepsy).

During a year's very frequent use of cocaine in different forms and in different diseases, I have found it most useful (1) in tonsillitis, in which it often abolishes for a time, as if by magic, the dysphagia, and enables the poor patients, who have not been able to swallow even fluids for days, to comfortably enjoy a good draught of milk or beef tea; (2) in tonsillotomy, which operation is really rendered perfectly painless by the previously twice repeated application of a twenty per cent. solution to the tonsils and their whole neighborhood; (3) in uvulotomy; (4) in removal of laryngeal growths; (5) in cauterizing the nasal mucous membrane with the galvano-cautery; (6) in diminishing pharyngeal hyperirritability for purposes of laryngeal and rhinoscopic examination; (7) in acute coryza of adults and infants; (8) in laryngeal phthisis. I have also seen very good effects from the use of pastils (cocaine hydrochlor. gr. $\frac{1}{8}$ or more, pro pastilleo), in cases of dysphagia due to laryngeal phthisis and laryngeal epithelioma. My results during the past year have been less satisfactory in hay fever, the remedy, whether applied in the form of solution, spray, or tabloids, has had but a very temporary, if any effect, in those cases which have come under my observation. In cases of nasal polypi, the effects have been very varying; some patients professed that the previous application of the remedy relieved the small pain caused by the galvano-caustic removal of the growths; others stated that they found no difference. The

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probable explanation of this discrepancy of statements has already been given. On the whole, there can be no doubt that the introduction of cocaine must be considered as the greatest event in the therapeutics of the upper air passages for some time past.

Cocaine in Diseases of the Ear.—As cocaine has been found so valuable in diseases of the throat and nose, it became of great importance to the otologist. The throat and nose bear an important relation to the ear, and often by relieving or curing certain affections of the throat and nose, we can succeed in the cure of the disease of the ear.

*Catheterization of the Eustachian tube through the nose, is greatly facilitated by previously applying cocaine to the nasal passages and to the pharyngeal orifice of the tube. This can be done with an atomizer, or a brush, or a cotton pad at the end of a probe. The mucous membrane becomes insensible and thin; the catheter glides over the parts without pain, and is introduced more readily because of the dilation of the nasal passages. This remedy will render direct catheterization possible in certain cases in which otherwise it could only be effected through the mouth or the nostril of the other side. Whether these modes are so efficient as the introduction of the catheter through the nostril of the same side I know not, but I do know that changing the classical bend of the catheter by making it straighter in order to pass it through a narrow or crooked nasal passage, renders catheterization both for purposes of inflation and injection proportionately efficient. It would be too troublesome had we to apply cocaine often in the same case; fortunately this is not necessary, for when the remedy has helped the patient over the discomfort of the first trials, the repeated introduction and treatment have made the manipulation easy. Injections of cocaine into the Eustachian tube will, by their contracting influence on the bloodvessels, dilate the calibre of the canal, facilitate inflation and injection of liquids into the tube and the tympanic cavity.

It is of advantage though, and it has been tried, to inject one or several drops of cocaine, warm, through the Eustachian tube into the drum cavity for severe earache of inflammatory origin. It can also be injected through the drumhead with a hypodermic syringe.

*Knapp, On the Use of Cocaine, p. 49.

Instillations of cocaine into the external ear canal, in cases of neuralgic earache have been found useful in certain conditions.

On the benefit derived from inflammatory earache, Dr. F. P. Kinnicutt writes as follows: "I have very lately used a four per cent. watery solution in three cases of acute earache in children. By means of a speculum and dropper, I have applied one or two minims directly to the drum membrane, in each case with complete and immediate relief; there was no recurrence of the pain."

In tinnitis aurium I have found improvement from instillations from cocaine.

In all cases that require manipulations, or the applications of remedies or incisions, scraping, torsion, avulsion, ecrasement, etc., in the tympanic cavity, when the drumhead is perforated, or in ulcers of the ear canal and the auricle, local anæsthesia can be easily and satisfactorily effected by instillations of hydrochlorate of cocaine. The tissue-contracting and hæmostatic effect of the drug will greatly add to its value in all operations of the middle ear. These operations are particularly difficult ón account of the narrowness of the ear canal and its obstruction by the slightest hemorrhage. In prolonged operations—for instance, the removal of multiple polypi—the instillations should be continued during the operation. I have derived great advantage from this procedure in several operations.

Also in cases of acute purulent otitis, accompanied by intense pain, where the tenderness of the swollen walls of the meatus made cleansing both by syringing and the dry method excessively distressing to the patient, I have noticed great benefit from cocaine instillations. The manipulations were made easy, the cleansing could be thoroughly done, and the application of remedies—boric acid and weak solutions of corrosive sublimate—cause no annoyance. This treatment, because of its painlessness, was regularly carried out, and the recovery was smooth and speedy.

The application of painful remedies in cases of chronic purulent otitis—for instance, nitrate of silver, alcohol, etc.—can be done after cocainization with great or entire relief from pain.

The analgesic effect of cocaine has been noticed by J. Bettman, other aurists, and myself, in cases of earache, when the perforations of the drumhead gives the remedy access to the middle ear.

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Perforation of the membrana tympani can be performed with entire absence of pain, if the solution is strong, and used warm. In my experience, instillation of cocaine upon the inflamed, non-perforated drumhead diminishes its sensitiveness to the touch of a probe, and an incision in these cases is almost painless.

Operations on the walls of the ear canal, the auricle, and its surroundings, such as the removal of tumors, incisions into the skin, etc., can be rendered painless by subcutaneous injections of cocaine, if the transient freezing with ether or rhigolene spray is not preferred. A few days ago I enucleated a cystic tumor, the size of a cherry, from the posterior surface of the lobule. The lobule and the tumor were held between the branches of an eyelid clamp. Two drops of a twenty per cent. solution of cocaine were injected under the posterior side of the tumor, and two under the anterior. The tumor was shelled out entirely without pain, and without loss of blood.

*Cocaine in Operations of the Ear.**—Kretchmann (Arch. f. Ohrenheilk, xxii., p. 243) finds that in operations on the membrana tympani, cocaine is not so certain an anæsthetic, but in operations of the mucous membrane it has a marked effect in alleviating pain.

Kirchner (Deutche Med. Woch., No. 4, 1885) also finds that a twenty per cent. solution is required to produce any effect in operations of the membrana tympani. Zanfal (Präger, Med. Woch., November 7, 1885) has obtained similar results.

Cocaine is, in my experience, a very satisfactory anæsthetic in operations of the ear. In the removal of large and painful polypi it is useful, and in smaller growths, especially those near the membrana tympani, a twenty per cent. solution of this drug has invariably proved valuable. The part to be operated on should first be carefully wiped dry with cotton wool, to remove any collection of pus; the solution of cocaine should then be painted on with a camel's-hair brush, and allowed to remain for at least five minutes, before any operative measures are adopted. The weak solutions of cocaine recommended by some surgeons are all but useless.

Dr. H. G. Sherman (New York Med. Record, November 15, 1884) has twice instilled a few drops of a four per cent. solution into the ear in tinnitus aurium, consequent upon otitis media, with the result of lessening both tinnitus and deafness.*

*Field on Diseases of the Ear. The Year Book of Treatment, p. 276 (1885).

THE BERLIN CLINIC AND HOSPITAL FOR SKIN DISEASES.

BY THOMAS H. FENTON, M.D.

ONE of the most interesting institutions, and one well worthy of a visit in Berlin, is the clinic and hospital for the treatment of diseases of the skin, under the control of Dr. Lassar, Privat Docent of the University of Berlin. The clinic is a private institute, which is intended to serve in equal measure practical and scientific aims. It is the only establishment in Germany which supplies the necessary accommodation for rich and poor patients, and at the same time gives an opportunity to the physician to educate himself in practical dermatology. The house is in the centre of the medical quarter, in the Karl Strasse, and was devoted to this purpose on the first of January, 1884, since which time over six thousand patients of all classes (in and outdoor department inclusive) have been received; besides which, the courses given during this period have been attended by over two thousand university students. The material for study consists of patients of all the laboring classes, and of those without means, who are sent here from the other clinics and hospitals, and by the many physicians of the city.

The upper floors of the institution are for the greater part given up to bed-rooms and the culinary department. The bed-rooms for private pay patients are on the lower floors and are arranged with all the conveniences of a hotel. For every three rooms there is a bath-room, with all conveniences for plain and medicated baths, as well as other necessary apartments—dining-room, parlor, library, etc.

The lectures, operations, dressing, etc., of outdoor patients are carried on in a large, beautifully-lighted room, polygonal in shape, on the third floor. The room is arranged with due regard to modern antiseptic principles; painted in oils, with hardwood, polished floor, and with furniture which can be easily moved and cleaned. The apparatus for use during operations and for local anæsthesia consists of

*See Cases of Tinnitus Relieved. Turnbull on the New Anæsthetic in p. 36, *op. cit.*, also pp. 38 to 45.

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large glass jars with cotton corks and long rubber tubes, and containing appropriate solutions (salicylic, carbolic, and corrosive sublimate) the whole being arranged on a movable rack near the ceiling. All clinical appliances, forceps, bandages, etc., are kept lying on metal plates; all soiled bandages, dressings, etc., are thrown into small pails so as to be readily removable. The strictest cleanliness is maintained in all details, which is more than ordinarily necessary (on account of the danger of contagion) in a clinic of this kind. For instance, during the hours of attendance physicians and students use napkins, small in size, and these not oftener than once.

Special care is given to the baths. The apparatus for hot water is situated in the cellar, from whence the water is forced to the fourth floor, and thence distributed through the house. The supply is so abundant that twenty-five baths can be in use at one time. The baths, from Börner & Co., are arranged according to the system of Hebra. They are constructed of soldered copper (tub) in a polished frame, and have a very secure swinging sheet suspending the patient comfortably in the water, his head resting upon an adjustable air-cushion. The temperature and quantity of water can be easily regulated by the occupant. The tub can be covered by a blanket, and the patient feels as if in bed. The patients are allowed to become accustomed gradually to the position; they eat, read, and sleep in the bath, and in time become very fond of it. Cases of extensive burn, ulcerations, abrasions, fistula after operation, obstinate cases of eczema, find great relief from this method of treatment.

For private patients, who cannot or will not reside in the institute, there is in the first story a complete system of medicated baths, as elsewhere. These baths meet the wants of patients with chronic diseases—psoriasis, myosis, syphilis, etc.—and are supplied with all the accessories of a clinic. This (first) floor is in two sections, for the two sexes, and there is a large salon where patients can rest or take refreshment after the bath. Each section is divided into cabinets, some of which are dressing-rooms, rooms for massage, for bandaging, and for the regular water baths. The tubs in these are made of "enameled iron," with brass finishings, built in with tiles. From the construction it can be seen at a glance if they are clean. There is here, as throughout, regular medical supervision, so that the treatment can be modified according to the condition and need of the patient. A trained corps of nurses is in attendance. In the large treatment room, before referred to, of the outdoor department, the patients are treated in the presence of students and visiting physicians.

The hours of attendance are daily from nine to two. In the lecture courses the students are allowed, as far as possible, continued daily observation of the cases, so as to enable them to note the course and working of curative measures. Attention is given to therapeutics and diagnosis, and especially to the indivdual study of the cases. By the rich material and complete apparatus at hand, much opportunity to make independent microscopical and experimental studies is afforded. There are special hours for the treatment of diseases of the penis, strictures, etc., in which visiting physicians can particularly study methods of treatment of this class of cases. All surgical operations belonging to this class are here done; for instance, excision of the initial lesion, of glands, etc., Dr. Posner has charge of these. Besides Dr. Lassar there are two assistant physicians, one of whom resides in the hospital. For laryngoscopic and ophthalmoscopic examinations, there is a dark room, with all necessary instruments. In short, in the hospital there are found, as far as possible, all facilities for the treatment and study of diseases of the skin, and a visitor will readily understand why the hospital and its chief are so highly esteemed, not only in Berlin but throughout Germany, as well as by foreigners who are so fortunate as to experience the courtesy of the attending physicians of the establishment.

ON A USE OF LANOLIN WHICH HAS PROVED PARTICULARLY SERVICEABLE.

BY ADDINELL HEWSON, A.M., M.D.

PELVIC CELLULITIS is a complication of very frequent occurrence in cases of abdominal tumors, and is, indeed, according to my experience, either directly present in its acute stage, as shown by severe pains and signs of recently formed abscesses, or indirectly by its after-effects, in forms of adhesions, fistulæ, and sinuses, all serious complications, and often pronounced essentially fatal by many experienced surgeons.

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The prominence with which pain prevails in all such cases, and the marvellous quickness with which that symptom is nearly always relieved within twenty-four hours after my first application of clay, have always been positive reasons for not subjecting patients so suffering to any manipulations or digital explorations until such application has been worn for that space of time. Then the tumefaction also shows marked diminution, and I can explore the case readily and thoroughly. If, however, such effects have not then been produced, I can wait, with the use of the same dressing, until they do; feeling assured, as to such being my best course, that my results with it were satisfactory, far more so, indeed, than what I was familiar with as following the regular antiphlogistic treatment prevailing and being advocated at that time. Yet I was not content with them, and, I own, associated with the external use of the earth, applications *per vag. et rect.* of suppositories made with, first, coca butter, and, secondly, gelatine, as their bases, and various chemicals and extracts for their active principles. The coca butter melted too readily, and I found the gelatine as proposed by Dr. C. L. Mitchell (then northeast corner of Ninth and Race, and now 1006 Cherry Street, Philadelphia), to overcome that difficulty very nicely, and to afford some support, when sufficiently large, to lodge as a Hodge's horseshoe pessary does in the vagina. Mitchell made for me a great many of such with iodoform, gr. x, and charcoal, gr. j, and of a length of five inches and of a diameter of one-half of an inch. The charcoal proved a most efficient deodorizer of the iodoform, and appeared to delay the melting of the gelatine, which, as I have said, was a means of support to the uterus as long as it was firm. Mitchell has called them "Soluble Medicated Gelatin Pessaries." Besides using them and kindred ones in the vagina, I also have used Mitchell's form for the rectum, which acted equally well as resolvent agents for bands and fibrillæ in that vicinity. They never occasioned any distress, or, I may say, inconvenience to the patient. Some, however, did complain of stickiness of the vulva and upper part of the inner surfaces of the thighs during the days or nights immediately following their introduction. While I was so using them in a large series of pelvic troubles I became interested in the use of "lanolin," as described by Professor Oscar Liebreich, of the University of Berlin.* His description of his mode of preparing it from the grease adhering to wool by washing such wool so as to separate its fats in the form of a milk, and then reducing that milk by centrifugal action to a thick, tenacious grease, of a light orange tint, which mixed readily with water to the extent of ninety or more per cent. and possessed a positively wooly odor. In contrast with other fats it also is perfectly neutral and decomposes with much difficulty. It has also a very great peculiarity, being very rapidly absorbed and eliminated by the sebaceous glands of the skin, as is to be detected readily by its odor on a patient's face or arms shortly after some has been carefully rubbed on the os uteri, and when the patient has gone a short distance from one's consultation rooms to her home or that of a friend. Indeed, this odor early proved a positive obstacle to my using lanolin in the better classes of my practice. Such patients with whom I had used it, were then accused by their friends of having eaten woolly mutton. In humbler classes, where such objections either were not recognized or expressed, I was able to study the subject in every direction without any obstacle in my way. My uses of it in them were to make it the basis of an iodide of potassium ointment, ℈ss to ʒss strength. Some of which I applied always myself, either per vaginam or rectum every day, taking great care to spread it all over the parts within reach of my longest finger. I had in all these cases positive results in the diminution of the tenderness and the constrictions of the parts affected by cellulitis.

These cases made me still more desirous of getting the lanolin free of its offensive smell, and I am happy to say that effect has been accomplished by our skilled pharmacist, Louis Genois, of 1412–14 Walnut Street, Philadelphia, who succeeded, by repeated washings, in bringing it about so completely, that I am no longer compelled to have the pot of salve made of it put out of my patients' rooms or my own office.

Other results which I have seen from the use of lanolin I shall make known on some future occasion.

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*His first communication was before the Berlin Medical Society, October 28, 1885. See the Berliner Klin. Wochensh., No. 47, and his second was contributed to the British Med. Journal, February 13, 1886.

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A WELL-KNOWN CASE, THAT HAS GIVEN RISE TO MANY A DISPUTE—WITH LETTER FROM PROFESSOR HEUBNER.

BY DR. HUGO ENGEL.

THE following case, on account of the well-known name of the patient and also on account of the important medical questions connected with it, has created a great deal of interest on both sides of the Atlantic. In consequence of my solemn promise, given to the friends of the deceased, I shall report the case without mentioning the true name of the patient, besides, the medical interest remains the same, and in speaking of J. M. C—, I simply follow the custom long since observed in the reporting of medical cases.

Many attacks were made on me with reference to this case. They all were based on the assumption that any statement which appeared in print concerning the medical aspect of the case, had come directly from me, while, in truth, the following pages contain for the first time my own version. The patient was so well known; he had so many friends, and he was considered in so many respects to belong to the public, that nobody connected with him during his last illness could have prevented his name from being mentioned in the daily papers. It was thus, that the people, probably for the first time, heard of many of his friends, but, while the latter thought this but natural, they accused me, who became so prominently connected with the case, of having desired the publication of my name, while, in fact—as all the reporters of the Philadelphia daily papers have expressed their willingness to testify—I refused making any statement, with the exception of the short synopsis of the result of the autopsy, as agreed upon by the physicians present. Even in this respect I was reproached for not having selected as witnesses physicians of greater celebrity, while those proposed by my accusers were men, though eminent in their specialty, with little knowledge of the class of cases in question, and those selected by me, and who witnessed the *post-mortem*, were specially fit to be present on such an occasion, either from their official positions, or their known reputation as editors of medical journals or as experts in pathology or in nervous diseases.

But I will no longer dwell on these attacks by men, whose opinion will always be as trivial as they themselves are, but at once turn to the medical points involved.

Towards the end of last October, I was requested by W. F. J—, Esq., an eminent lawyer of this city, to assist in the transfer of the patient, J. M. C—, from an insane asylum in New York to his own house here in the city. Before we went to the asylum I had received information to this effect: J. M. C—, after having suffered from headache, worse at night, for a considerable time, about a year or so ago, upon one night appearing before the public, had suddenly shown symptoms of aphasia, and of a loss of memory in general. From that time his mental faculties began to decline. After these symptoms of mental decay had been in existence for some time, paresis attacked various groups of muscles, and more decided psychical disturbances made their appearance, but he never exhibited any ideas of magnificence or grandeur. Taking this history, together with the fact, also reported to me and confirmed by my own later inspection of him when I saw him at the asylum, that his general health, simply to judge from his looks, had suffered but little, if any, I concluded then, that J. M. C— was the victim of specific lesion of the brain. This conviction caused me to ask the assistant physician at the asylum, whether the patient was on any special line of treatment. With a somewhat surprised look the gentleman gave a negative reply, and later, it was said, that I had showed my want of knowledge by this very question, though the answer I received, as well as the manner in which it was given, and in which the inquiry was criticised, were evidence that the patient was being treated for dementia paralytica—for which there would have been no special treatment—and that the thought of a specific lesion had never entered the minds of the authorities at the asylum, otherwise they would have at once known what my question referred to.

When I first saw the patient he was in the same condition as when he arrived at his home in this city; one might say he simply vegetated. He recognized none of his friends; he had utterly lost the faculty of speech, the memory of words; his countenance evinced the utmost apathy, and most of the time he was in a state of half stupor. He had lost all control over motion, lower as well as upper extremities; he could neither stand on his feet, nor give the

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least assistance when being dressed. When he had to perform the most necessary functions, as for instance the evacuation of the bowels, he had to be lifted on to the commode, and then no movement of the intestines took place, until the large quantity of fluid injected forced the mass to obey the law of gravity, no abdominal pressure on his side nor any other assistance given by him accelerating the action. He had to wear a urinal, or his urine had to be withdrawn by a catheter. When he lay apathic in bed, the lower jaw hung down, and the saliva dripped away at the corner of the mouth. As he himself could not change in the least his position in bed, they had been in the habit of frequently turning him, to prevent the formation of bedsores, a fear well founded, if the diagnosis of dementia paralytica had been correct. The only motion, occasionally observed on him, was a movement of the toes of the left foot, seen here and there, and a change in the position of the left arm. These two motions evidently were reflex in character, though if there existed any difference whatever regarding power of motion, it was in favor of the left side, the right being totally paralyzed. On account of the semi-conscious condition of the patient and his general apathy and want of response to any impression, the amount of disturbance of sensation could not be accurately determined.

This sad state of affairs, this change from the conditions first described, had been brought about by an apoplectiform seizure, which had attacked the patient about three weeks before his removal to this city.

A person standing by the bed of the patient, while the latter was dozing, would have never imagined that he had a very sick man before him. The face looked well nourished, and there was nowhere to be seen that emaciation usually observed in far advanced cases of dementia paralytica, instead of it, and while his complexion was almost florid, paled somewhat by long confinement, there was noticeable, especially between his brows, that peculiar dirty-yellowish discoloration, which I have never found absent in cases of chronic infectious disease of the nature here referred to.

All the facts pointed to this malady; the history, its mode of commencement, its progress with the absence of hallucinations of magnificence, the apoplectic seizure, the well-preserved general nutrition, the characteristic discoloration over the forehead—they formed too familiar a picture for me to err. But to be still more certain, I started an inquiry of my own, and I soon found evidence of the existence of a primary lesion years before, and was told that some time previous the patient had been at the Hot Springs, and that the eminent specialist there, Dr. Keller, had visited the patient when he showed the first symptoms of the grave malady, and that he had endeavored in vain to induce him at once to go back with him once more to undergo a course of treatment at the Hot Springs. These facts corroborating those before enumerated, confirmed my diagnosis.

I at once instituted, therefore, the proper treatment, and announced to his friends that there was hope of a more or less complete recovery, and that I would guarantee the same, provided the patient had no second apoplectiform seizure during the first four weeks, while, should he suffer from another similar attack within that period, it would probably be fatal. My experience had proved that it takes fully four weeks in these cases for the most energetic treatment to make such an impression as to prevent an occurrence of the kind mentioned, and I had also often observed that a second seizure, when attacking a patient in such a condition soon after the first, invariably caused his death.

The treatment consisted in the following: A masseur was engaged, who, besides generally manipulating all the muscles, rubbed daily from two to three drachms of unguentum cinereum into the skin, first of the left lower leg, then right lower, then left inner thigh, then right, then left inner arm, then right, then left inner side of chest, then right. After the last the skin was thoroughly cleansed with soap and water, the underclothing changed and the same course gone over again. The moment the patient had regained the power of swallowing, a tablespoonful in water, three times daily, was given of the following medicine:—

℞.	Potass. iodid. . . .	ʒij.
	Tinct. nucis vomic. . .	fʒij.
	Tinct. cardamom. comp. .	fʒij.
	Aquæ destillat. . . .	fʒvj.
	Succ. aurant rubr. Mess. ad.	fʒxij.

M. Sig.—fʒss–gr. xl. Pot. iodid.

This dose, after the first two days should have demonstrated the ability of the patient's stomach to bear it, was to be increased by one teaspoonful every second day.

Besides these directions, I gave such for his

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diet and for insuring general hygienic conditions and the utmost privacy of the sick room. Naturally, on account of the patient's popularity, and on account of the interest universally shown in his case, many persons, members of the Press and others, desired to see him. To prevent this, my definite order was that there should never be more persons in the sick room than his wife and the nurse, or whoever took the latter's place, except when the manipulator visited him. This rule was strictly adhered to. A great deal also in favor of the carrying out of these directions were the following facts: The patient's wife, who endeavored to do her utmost for him, and who patiently and unostentatiously watched over him, was totally in harmony with me; his friend and legal adviser, who directed everything, and without whose sanction nothing could be undertaken, insisted upon my orders being obeyed, and, finally, I had a splendid nurse and an excellent masseur to carry out my wishes.

I shall pass rapidly over the next fifteen days. Had I had the least doubt of the correctness of my diagnosis, the result of treatment would have removed it. Already, by the fourth day the countenance of the patient became brighter and he regained full control over the movements of the head. He began to notice persons in the room, watched their acts, and on their leaving the room followed them with his glance. During the night, from the fourth to the fifth day, he changed his position in bed several times, and the next morning he was once more able to swallow without difficulty; the drippling of the saliva and the dropping of the lower jaw ceasing. He also showed a great improvement in his appetite, and after his dinner that day he himself looked for the napkin, took hold of it with his left hand and wiped his mouth. Flies, which had previously been often wandering about his face without his noticing them, now annoyed him, and whenever the nurse purposely stopped fanning the patient, the latter chased the flies away with his left hand. Still more decided became the improvement during the next two days. When the manipulator entered the room the patient received him with a smile, and, later, greatly assisted him in the massage, so that the masseur was able to begin Swedish movements, the patient evidently understanding what motions were required of him.

A day or two later C— had completely regained power of motion in his left side and in the muscles of the head and neck, and partly so in his right side. He expressed by signs his desire to micturate, and began to use in a normal manner abdominal pressure in the evacuation of the bowels. Swallowing, and movements of the lips had become perfectly normal, and the aspect of his face that of a healthy man. Whenever anybody talked to him, the patient showed by his countenance that he comprehended what was said, and, either by nodding or shaking the head, gave an affirmative or negative reply to questions. He plainly recognized his trusted friend and legal adviser, who visited him daily, and when the latter or I left the room, C— extended his hand and grasped ours.

By the twelfth day C—'s power of motion had so greatly improved, that he was able to stand upright while undergoing a change of his linen; he began to use both arms and hands equally well, and performed all animal functions promptly, regularly, and without aid. The evening of this day he uttered the first words, replying to a question of the nurse, how the milk had tasted, "very well," and the following morning, after having been shaved, he remarked, "that was a very nice shave."

Thus his improvement became daily more marked, and continued till the evening of the fifteenth day, when he suddenly became restless, and immediately after was seized by another apoplectiform attack. I succeeded in rousing him once more, he rallied towards morning, but the whole of the next day he appeared less bright than the day before; the motions on the right side had ceased, and the high temperature—105° Fahr.—told of the mischief that had occurred and was still going on. He uttered no word that day; after dinner, of which he partook but sparingly, he became more apathic and drowsy, and near 6 P.M. another and last seizure attacked him, from which it was impossible to rouse him. He lay in coma until near eleven, when typical Cheyne-Stokes respiration set in, showing that the centre of respiration in the medulla was beginning to be paralyzed, and near 1 P.M. he breathed his last.

I mentioned, in the beginning, the reasons which induced me to believe that the patient was suffering from cerebral lues. It was evidently that variety which Heubner, in Ziems-

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sen's Cyclopedia, describes as the third form—the one greatly resembling dementia paralytica. From my observation of the patient, the complete aphasia and the right-sided hemiplegia, I supposed that the large arteries at the base, especially the left arteria fossæ Sylvii, were attacked by that lesion—the formation of new growth within the lumen of the vessel, gradually leading to thrombosis, which has first been described by Heubner.

But, knowing the publicity an autopsy would receive, and desiring to avoid all useless dispute, I did not insist upon a *post-mortem* examination, and the latter would never have been made, had not the dispute I wished to avoid regarding the cause of death, arisen anyhow, and had the widow not become frightened at the thought that some physician would not rest until the matter had been finally settled by an autopsy. The lady even feared grave-robbery, and for this reason insisted upon the examination being made by me.

As some had stated that the patient had not suffered from specific brain disease, but from dementia, and as some went even so far as to contend that my treatment had accelerated the fatal issue—though the same parties, on the patient's leaving the asylum, had remarked that death was but the question of a few days,—I concluded to have a number of prominent and well-known physicians as witnesses of the autopsy. And, that no doubt might remain, it was arranged that all the physicians present should hold a conference after the *post-mortem* was over, and agree to some report, which alone should be given to members of the Press.

The autopsy was made, and a synopsis of it published. The following is a more detailed report of it:—

Post-mortem.—Body well preserved. Head only examined. Nothing abnormal in the external parts. Inner lamella normal, but dura mater tightly adherent to the latter. Brain large and completely filling the cranial cavity. Bloodvessels of dura full of dark blood, and standing out prominent, feeling tense and hard to the touch.

Bloodvessels of pia swollen; pia itself at places thickened, opaque, and tightly adhering to brain-tissue beneath. Very often the pia, where it descends between two convolutions has a milky appearance, and below it the cerebral tissue is softened.

The large arteries at the base are empty; passing along them with the finger, one feels small, roundish bodies within their lumen, and on opening these vessels they are found to contain many unevenly distributed round deposits, which seem to be one part with the inner lining membrane, have a whitish, grayish-white, or yellowish color, feel hard to the touch, like cartilage, and are met with mainly where a branch leaves the vessel. Wherever these neoplasms are, the bloodvessels appear narrowed.

Most of these new growths are found in the left arteria fossæ Sylvii and its terminals. At several places in this artery these growths have reached such a size, and are so numerous where smaller arteries branch off, that they have closed the lumen of the latter, and act, therefore, as real thrombi. The parts nourished by them, Broca's convolution, the Isle of Riel, and the corpus striatum, and the neighboring parts, especially in the left ventricle, are softened, while the rest of the brain, notwithstanding the length of time intervening since death occurred —ten days—has retained its normal consistency.

Pieces of the diseased arteries were removed.

Though the autopsy had proved beyond the possibility of doubt the existence of the exact lesion foretold by me, the dispute did not yet end, one physician, perhaps in his endeavor to pacify both sides, even going so far as to contend, that, though the disease of the arteries mentioned by me, had been found, evidences had also been met with of the existence of the characteristic lesions of dementia, or, in other words, that the patient had suffered from both diseases! Still more vigorously the opinion was maintained that from the beginning the case was hopeless, and that a cure would have been impossible, as complete paralysis had developed. Although the *post-mortem* had proved me correct in the diagnosis, and, although a careful reading of Heubner's article in Ziemssen's Cyclopedia could convince anybody of the possibility of a more or less complete cure even in the most desperate cases, I felt that further argument was useless, and that I had only one way left to decide the matter definitely.

In consequence of his researches and important discoveries—which have cleared up a great deal of obscurity formerly existing in reference to luëtic brain lesions—Heubner is undoubtedly recognized all over the civilized world as the most eminent authority

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on specific diseases of the brain. Foreseeing the dispute, I had requested Dr. S—, present as pathologist, to remove several specimens of the diseased arteries, that they might be sent to Professor Heubner. Dr. S— placed the specimens in alcohol and mailed them to this eminent physician, while I wrote to the latter a long letter, giving all the important points in the case, and finally asking him, while mentioning the nature of the dispute, kindly to examine the specimens and to settle forever the controversy by his own authoritative opinion. Certainly, I knew that from the arteries alone Professor Heubner could not determine the question beyond the possibility of a doubt, but I hoped that his great experience and profound knowledge would enable him from all that was submitted to arrive at a definite conclusion.

Middle of January, this year, I received his kind and decisive reply, but I had to postpone its publication, as I was otherwise too much occupied to spend the time necessary for it, especially as I wished to add a *résumé* of the whole, this report being the only one about the case that has ever come from my pen. The following is a *verbatim* translation of Professor Heubner's letter, the original being in my possession. The words in italics were underlined by Heubner, in parentheses I occasionally give his own expression, when the translation seemed difficult:—

LEIPSIC, December 31, 1885.

Very Esteemed Colleague:—I have examined the pieces of arteries sent to me, and have found them to my surprise, though having been removed from the body ten days after death, in a state of passable preservation. It is plain that they have doubtless been placed into alcohol, after they had been exposed for a longer time to the air and become dry, in favor of this view, at least, is their partly shrunken condition. But, nevertheless, the granular formations (Kerngebilde) may still be colored, and that is the main point. Concerning your questions one and two, I regret not to be in the condition to give you an absolutely decisive answer.

The changes in the arteries are uniformly of that kind, that they have *probably* been caused by lues, but that they *possibly might* also thus present themselves in the common arterio-sclerosis. For, if specific, it concerns an *older* process in the arteries (in favor of which also is the history of the case), not a recent arterial lues. But such an older stage of the endarteritis of leutic persons may have, as I have mentioned in my work, page 159, a great resemblance with the picture of a simple arterio-sclerosis. But it speaks more in favor of specific disease:—

1. That arteritis is found only in *foci*.

2. That at these places the adventitia as well is unequally more granular (kernreicher) than in the normal parts as the mucosa is filled here and there in spots (fleckwise) with granules (kernen).

3. That the lumen of the arteries is *narrowed* at the seat of the lesion, while it is the rule to be *dilated* in the common arterio-sclerosis.

I therefore consider it, even if not sure beyond the shadow of a doubt (unumstösslich sicher), but very highly probable (höchst wahrscheinlich) that we have to do here with a luëtic endarteritis.

Ad question 3. The course of the disease as described by you, is decidedly more in favor of a dementia caused by lues, viz., in favor of a special luëtic disease of the brain, than of a common dementia paralytica. For if the latter disease had been present at the commencement, stages of excitement, ideas of grandeur, etc. (Erregungszustände, Gröshenwahn, etc.), would have preceded (the other symptoms). Also the complete paralysis, which you mention, further the improvement under inunctions; everything is in favor of your view.

Ad question 4. That an improvement, yes, even a cure of cerebral lues may be possible, even when paralysis and disturbances of intellect have already existed, that has doubtless been proved by very numerous records of cases. To be sure, cases with only epilepsy and palsies of cerebral nerves in general permit a more favorable prognosis than the cases with hemiplegia, etc., but I could quote from my most recent experience a case of grave cerebral lues, with one-sided spastic paralysis, where the patient at present is completely cured. But such cases necessitate really *perforce* cures! According to my experience, in no other luëtic disease is the incorporation of such quantities of anti-luëtic remedies needed, as in specific affections of the brain. Hundreds of grammes (1 gramm=16 grains) of unguent. ciner. are there needed in certain conditions.

As far, therefore, as I am able to judge from the material at my disposal, I am inclined, under all circumstances, to subscribe to your view of the case.

With the highest esteem, etc., etc.

(Signed) HEUBNER.

With this, I, for my part, end the controversy. May it wage after this ever so fiercely, I shall have nothing more to say unless forced to correct misstatements. The above contains a truthful record of the case; in it I have given the reasons which induced me to make the diagnosis I did, and Professor Heubner's letter shows that his decision is not only in my favor

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as regards this diagnosis, but that he also upholds me in my opinion—*that the patient, had he received timely the proper treatment, might well have recovered his usual health*, and that hope existed even when paralysis and psychical disturbances had attacked the sufferer.

With this I can be satisfied, and feel proud in the conviction that the most eminent living authority on the subject fully agrees with me. In conclusion, I will add, that like Professor Heubner, I can show from my most recent experience, a case still under my charge, that with the same pathogenic cause, six weeks ago presented grave psychical disturbances, right hemiplegia, ataxic symptoms, dysphagia, loss of sensation, impairment of coördination, and the history of an apoplectic seizure. The patient, at the present time, is completely restored.

PHILADELPHIA, June 16, 1886.

THERAPEUTIC NOTES.

ELIXIR OF CHLOROFORM.

℞. Chloroform,
Tinct. opii,
Tinct. camphoræ,
Spts. ammonia aromat. āā ʒiss.
Ol. cinnamon . . . ♏xx.
Brandy . . . . ʒij.

M.—Dose from ten to forty drops.

—*New Eng. Med. Monthly.*

PRURITUS ANI.

Dr. J. W. C. O'Neal (Med. and Surg. Reporter) says:—

Wash locally night and morning with a solution of borax fʒj to a pint of hot water, with a sponge, and apply with a camel's-hair pencil, continuously for three minutes, the following:—

℞. Sodii bicarbonat. . . ʒij.
Acidi carbolici . . gr. xxx.
Glycerini . . . . ʒij.

M.

RHUS POISONING.

Dr. L. D. M—, a writer in the Medical and Surgical Reporter, states that the following constitutes the best application for rhus poisoning:—

℞. Borax pulv. . . . ʒij.
Acidi carbolici . . . ʒj.
Morphia sulph. . . . grs. x.
Pulv. acacia . . . ʒiv.
Water . . q. s. ad. fʒviij.

M.—Agitate till solution is formed. Use with camel's-hair brush.

The carbolic acid and borax doubtless help to kill the poison, while with a few brushings the skin becomes coated with the gum, and the irritation and pruritus are allayed.

JAUNDICE.

Dr. John A. Henning (Therapeutic Gazette) recommends—

℞. Ext. fld. chionanthi . . ʒj.
Podophyllum . . . . ʒj.
Potass. acetat. . . . ʒss.
Aquæ . . . q. s. ad. fʒiv.

M. Sig.—Teaspoonful every three to six hours.

INFANTILE COLIC.

℞. Spts. chloroformi . . . ♏xij.
Syr. simp. . . . . ʒj.
Aq. menth. pip. . . . ʒj.

M. Sig.—Teaspoonful when necessary.

FOR THE OPIUM HABIT.

Dr. E. C. Mann frequently prescribes the following combination:—

℞. Sodii bromidi,
Ammonii bromidi . . āā ʒss.
Potassii bromidi . . ʒj.
Syr. hypophos. comp. . ʒiij.
Syr. tolu . . . . ʒj.
Aqua menth. pip. . . ʒiss.
Liq. potassii arsenitis . . ʒj.

M. Sig.—From one teaspoonful upward.

CEREBRO-SPINAL MENINGITIS.

Dr. J. V. Field (Texas Courier-Record) recommends—

℞. Ext. belladonna . . fʒxvj.
Ext. ergotæ . . . fʒvj.
Potassii bromidi . . . ʒj.
Aqua . . q. s. ad fʒviij.

M. Sig.—Tablespoonful every three hours.

ATHEROMA.

℞. Ammonii iodidi . . . ʒj.
Sodii iodidi . . . . ʒiss.
Aqua . . . . . ʒij.

M. Sig.—One teaspoonful in water four times daily.

INFANTILE COLIC.

℞. Chloral hydrat. . . . gr. xij.
Aq. menth. pip. . . . ʒss.
Syr. simp. . . . . ʒj.

M. Sig.—Teaspoonful every hour.

INFANTILE DIARRHŒA.

℞. Tinct. opii deod. . . ♏xvj.
Tinct. ignatiæ . . . ♏xx.
Syrupi rubri . . . ʒij.

M. Sig.—Teaspoonful every three hours.

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CHOLERAIC DIARRHŒA.

℞. Spts. chloroformi . . . ʒj.
Tinct. capsici . . . ♏xx.
Morphia sulphatis . . gr. ij.
Acidi sulphurici dilut. . . ʒiij.
Syr. zingiberi . . . ʒiss.
M. Sig.—Teaspoonful every two hours.

INTERTRIGO.

℞. Acidi carbolici . . . gr. ij.
Bismuthi subnitratis . . ʒiij.
Ung. zinci oxidi benz. . . ʒj.
M. Ft. ungt.
Sig.—Apply externally four times a day.

CEREBRO-SPINAL MENINGITIS.

℞. Tinct. veratri viridi . . ʒss.
Tinct. gelsemii . . . ʒss.
Ext. ergotæ . . . . fʒv.
M. Sig.—Twenty drops in water every four hours.

ACNE.

℞. Tinct ferri chlor. . . . ʒij.
Magnesia sulphatis . . ʒss.
Acidi sulphurici dilut. . . ʒj.
Aq. menth. pip. . . . ʒiiss.
M. Sig.—Teaspoonful in water four times a day.

TYPHOID FEVER.

Dr. J. P. Thomas (Medical Herald) says: I am certain that stimulants are given much too lavishly in typhoid fever, and that they are very rarely necessary except during the last week, or after convalescence is established. In the use of opium, I am governed entirely by the indications for it. It is seldom required to produce sleep—this the vinegar sponge-bath usually accomplishes—but occasionally a moderate dose of opium is necessary to aid the bath in this respect.

In diarrhœa it is not needed; for, in my hands, the aromatic sulphuric acid, combined with fluid extract of ergot, is quite sufficient to control the diarrhœa; if not, the addition of a few drops of tincture of iodine will seldom fail.

This mixture—combined with the proper dose of the tincture of belladonna—will almost invariably check the excessive perspiration. Sometimes it is necessary to aid its action by a sponge bath of alum, quinine, and whiskey.

Calomel is given in small doses, combined with sugar of milk, and, if necessary, opium when the excreta shows hepatic torpidity or faulty secretion.

When the mouth and tongue are persistently dry and red, turpentine, or nitrate of silver, in mucilage is directed in repeated doses for their alterative effect until the tongue becomes more moist and natural in color.

Quinia is never given after the first forty-eight hours, and then only to confirm the diagnosis—except in those cases previously alluded to as complicated with a malarial element, and then not until the predominant disease has spent its force and is subsiding.

But the principal antipyretic upon which I have constantly relied and returned to—after a fair trial of the various new antithermal agents that have been offered to the profession in the past few years, antipyrine, thallin, etc.—is salicylic acid, in the following formula:—

℞. Salicylic acid . . . . ʒss.
Acetate of potassa . . ʒij.
Aqua,
Syr. limonis . . . ää ʒiv.
M. Sig.—Tablespoonful every two hours.

This is a salicylate of potash, but the most perfect solution of the acid is the result without effervescence. It is not unpalatable, is an excellent diuretic and eliminator both by skin and kidneys—the most reliable antipyretic yet discovered, and less harmful. In my hands, it has never produced any injurious effect upon the heart, and, with an occasional dose of digitalis, I have no fears of such results from its persistent use.

There are cases that, notwithstanding its continued administration, the pulse will persistently run above 130, when I have found one drop of the tincture of aconite per hour to have the happiest effect in controlling the undue action of the heart. This prescription is—in adult cases—usually directed to be administered every two hours when the temperature rises above 102° Fahr. and continued until it falls to 100° Fahr.

TONIC MIXTURE.

℞. Tinct. ignatiæ . . . ʒiss.
Acidi phosphorici dilut. . ʒij.
Tinct. serpentaria . . . ʒj.
Ext. taraxaci . . . . fʒij.
M. Sig.—Teaspoonful in water before meals.

CHOLERA MORBUS.

℞. Morphia sulphatis . . gr. j.
Tinct. belladonnæ . . ♏xx.
Tinct. capsici . . . ♏xvj.
Spts. chloroformi . . ʒss.
Aqua menth. pip. . . ʒj.
M. Sig.—Teaspoonful every half hour.

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DIPHTHERIA.

℞. Tinct. aconiti rad. . . ℥ss.
Tinct. capsici . . . ♏xx.
Tinct. sanguinaria . . ℥iss.
Syr. limonis . . . . . ℥ij.
M. Sig.—Teaspoonful every four hours.

GONORRHŒA.

℞. Tinct. bryonia alba . . ℥ss.
Tinct. hyoscyami . . . ℥j.
Potassii acetatis . . . ℥v.
Aqua . . . . . ℥v.
M. Sig.—Dessertspoonful four times daily.

CHORDEE.

℞. Morphia sulphatis . . gr. j.
Ext. stramonii . . . gr. ij.
Ol. theobroma q. s.
M. Ft. suppositoriæ No. iv.
Sig.—Use one at bedtime.

THERMIC FEVER.

℞. Tinct. aconiti . . . ♏xviij.
Chloral hydrat. . . gr. xviij.
Syr. simp. . . . ℥ss.
Aqua . . . . ℥j.
M. Sig.—Teaspoonful every hour.

ASTHMA.

℞. Tinct. lobelia . . . . ℥ij.
Tinct. gelsemii . . . ℥j.
Vini ipecac . . . . ℥ij.
Aqua menth. pip. . . . ℥j.
M. Sig.—Teaspoonful every hour.

CHOREA.

℞. Tinct. veratri viridi . . ℥ss.
Ext. cimicifugæ . . . f℥iss.
Syr. simp. . . . . ℥iij.
M. Sig.—From a teaspoonful to a tablespoonful four times daily, according to the age of the patient.

PYROSIS.

℞. Tinct. nucis vomicæ . . ℥j.
Acidi nitro-hydrochlorici dilut. ℥ss.
Tinct. cardamomi . . . ℥j.
Tinct. hydrastis . . . ℥iss.
M. Sig.—Teaspoonful in water before meals.

INFANTILE CONVULSIONS.

℞. Tinct. veratri viridi . . ♏xx.
Morphia sulphatis . . gr. ss.
Aqua . . . . . ℥j.
M. Sig.—Teaspoonful every half hour.

GASTRO-INTESTINAL CATARRH.

℞. Ext. stramonii . . . gr. ss.
Pulv. Doverii . . . ℥ss.
Bismuthi subnitratis . . ℥ij.
M. Ft. charta No. xii.
Sig.—One powder before meals.

Dr. W. H. Hammersly sends us the two following well tried prescriptions, which he has used with great success. For bad cases of diphtheria and sore throat in scarlet fever, he uses as follows:—

℞. Sulphur lactas . . . . ℥ij.
Ext. sanguinaria . . . ℥iiss.
Glycerine . . . . f℥ss.
Syr. pruni virg. . . q. s. f℥ij.
M. Sig.—One teaspoonful every two or three hours; or—

Externally—Sew a piece of bacon (covered with red pepper and salt) on a piece of flannel and apply to throat, and under no circumstances remove it until throat is well.

He also considers the following a specific in whooping cough:—

℞. Potassii bicarb. . . . ℥j.
Coccus cacti . . . ʒj.
Tr. opii camph. . . . ℥iiss.
Tr. assafœtida . . . f℥j.
Ext. valerianæ
Vini ipecacuanha . . āā f℥ij.
Syr. pruni virgini . . . f℥j.
M. Sig.—One teaspoonful four or five times a day.

CHLORODYNE.

℞. Chloroform . . . ℥iv.
Ether fort. . . . ℥v.
Alcohol fort. . . . ℥iv.
Molasses . . . . ℥iv.
Ext. licorice pulv. . . ℥ijss.
Hydrochlorate of morph. gr. viij.
Ol. menth. pip. . . ♏xvj.
Syrup . . . . ℥xviiiss.
Hydrocyanic acid, dil. . ℥ij.

Dissolve the morphia and oil of peppermint in the alcohol, and mix the chloroform and ether with the solution. Mix the licorice with the syrup and add the molasses. Shake these two mixtures well together and add the acid, shaking well again. Dose, five to ten to twenty minims. Shake the vial well before using each dose.—*New England Medical Monthly.*

INFANTILE CONSTIPATION.

Dr. Louis Starr recommends—

℞. Mannæ opt. . . . . ℥j.
Magnesii carb. . . . ℥j.
Ext. sennæ . . . . f℥iij.
Syr. zingiberi . . . ℥j.
Aqua . . . . . ℥iij.
M. Sig.—One teaspoonful two or three times daily.

℞. Resinæ podophylli . . gr. ⅛.
Spts. vini rect. . . . ♏xv.
Syrupi . . . . ℥j.
M. Sig.—One teaspoonful at bedtime.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, July, 1886.

THE OPPOSITION TO THE INTERNATIONAL MEDICAL CONGRESS.

THE Philadelphia and New York specialists are still busily engaged in intriguing to prevent the successful assemblage of the Ninth International Medical Congress in Washington in 1887. With this end in view, they have decided to arrange for a meeting of all of their special organizations in Washington in 1888, under the misleading appellation of "The Congress of American Physicians and Surgeons." Their next move will be to endeavor to impress European physicians with the idea that the International Medical Congress will be a failure, and that their select gathering in 1888 is the only one which will be worth crossing the Atlantic to attend. It is pitiable to see men who have been honored so highly by the American medical profession, so far forget all sense of gratitude and patriotism and descend so low in the scale of petty malice as to appeal to foreign medical journals to throw discredit upon the Congress. Disappointed ambition, however, knows no bounds.

CORRECT THE ERROR.

WE have received a number of letters from physicians in various parts of the United States, asking us why the British Medical Journal continues to announce that the Address in Medicine before the British Medical Association will be delivered by Surgeon-General, John S. Billings, M.D., United States Army, Medical Department. We regret that we cannot give a satisfactory reply to these multitudinous inquiries. Dr. Billings is an industrious bibliographer, and is known in both hemispheres as the editor of the Index Medicus and the compiler of the Index Catalogue of the library of the surgeon-general's office, but he is neither the surgeon-general nor the assistant surgeon-general of the United States Army. The surgeon-general of the United States Army is Brigadier-General Robert Murray, and the assistant surgeon-general is Colonel Glover Perrin, both of whom are veteran practitioners and surgeons of more than forty years of actual service.

As stated in THE MEDICAL BULLETIN for June, Dr. Billings is number forty-four on the roster of the medical corps for January, 1886, and number twenty-seven on the list of "surgeons with the title of major," having only entered the service in 1862. He is now on duty as one of the six assistants in the office of the Army Medical Department, in Washington. We are not acquainted with the character of his duties, but they have evidently been so onerous as to prevent him from discovering or correcting the error of the British Medical Journal. Strange to say, the same error was made last year by the Philadelphia Medical News and its followers. We trust that some of Dr. Billings's kind friends will have the necessary correction made even at this late day.

A PHILADELPHIA LETTER TO THE BRITISH MEDICAL JOURNAL.

THE following letter, which appeared in the British Medical Journal, of June 12th, is the first of a series of epistolary attacks which will be made upon the American Medical Association through various European journals. We republish it in full, in order that the American medical profession may thoroughly realize the unscrupulousness of the specialistic *coterie*, who, having failed to control the Congress, are now using their utmost endeavors to discourage European physicians from attending it. We have been informed that the writer of this refreshing letter is a recent acquisition to the Philadelphia *elité*, and that his semi-arrogant tone is due to the apparently well-founded belief that no American physician could be found competent to fill the vacancy to which he was called. It is well-known, however, that the selection was influ-

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enced by various other matters which should not have entered into the question, and which need not be referred to here. It is commendable in the very learned gentleman to be anxious to serve his friends, but it would be advisable for him to refrain from further participation in the controversy, until he has had time to become fully conversant with the facts of the case. His first effort in their behalf would be extremely impertinent, if it were not amusing:—

THE OUTLOOK FOR THE INTERNATIONAL MEDICAL CONGRESS.

An occasional correspondent writes from Philadelphia: The annual meeting of the American Medical Association has taken place without effecting any essential change in the position of affairs, and without a restoration of that professional harmony which has been, of late, so sadly disturbed. It must be extremely puzzling for you, in England, to understand these dissensions; and I have no idea of attempting an analysis of the causes which have led to them; but it is a matter of some importance that you clearly comprehend the existing conditions. In the profession of every country, a limited number of men become widely known by their work and writings, and are regarded by their brethren as more or less representative, in the various departments in which they labor. It was from this class that the Original Congress Committee made the appointments to office. They ignored locality altogether, and the cities of the East, being older medical centres, came in for a very large share of these appointments. The committee did not act wisely in every instance; but, in selecting the most eminent men for responsible places, they followed the custom of European countries in which congresses have been held. In ignoring altogether the Code question, which had divided the profession in New York State, they may have erred grievously (and, if so, grievously have we all answered for it); but it was done with the best of intentions, and in the fulfilment of a specific promise made at Copenhagen. The spirit of the subsequent action of the American Medical Association, in repudiating the work of the Original Committee, can be understood from the following extract, taken from a recent number of the journal of the association: "The medical profession of this country will not be content to sit and see a few men arrogate to themselves all the learning, all the prestige, and everything else which goes to make the complete professional man. Our country, our customs, and institutions, are too democratic to allow a few men to style themselves 'representative.'" This democratic spirit has had full play with the sad effect of alienating a majority of the men who, to an independent onlooker, must be regarded as essentially the representative men of the profession. It is useless for the present organizers of the Congress to comfort themselves with the thought that they have filled the places of the "irreconcilables" with men equally good for Congress purposes. A comparison of the officers of sections named by the Original Committee, with those finally selected by the present committee, affords a most painful contrast; and the notable absence in every section of the men most prominent in American medicine, will strike even the casual observer. The great cities of the East—Boston, New York, Philadelphia, and Baltimore—will not be represented scientifically, for, with two or three exceptions, the leaders and workers will hold aloof. Austin Flint, Jr., Lewis Sayre, and Lewis Smith, of New York, are the only men of first rank to represent the East in the present Congress. A list of those who are "out" will embrace the men best known in Europe as American writers and workers, such as Bigelow, Bowditch (H. J.), Bowditch (H. P.), Holmes, Warren, Chadwick, and Homans, of Boston; Delafield, Draper, Dalton, Loomis, Seguin, Sands, Markoe, Jacobi, Lusk, Barker, and Lefferts, of New York; Stillé, Da Costa, Pepper, Bartholow, Goodell, Gross, Weir-Mitchell, Agnew, Ashhurst, Wood, and Leidy, of Philadelphia. It has been a struggle of the West and South against the North and East, and the West and South have won. Perhaps, in the hands of the men now in office, the Congress may be made more distinctively American than if the men of the East were in charge, who are strongly tinctured with European methods, and would have managed the meeting in a conservative fashion. The local attendance will certainly be large, and there are, in the present organization, men of sufficient force and weight to insure for the meeting a certain measure of success; but, scientifically, the outlook is, at present, far from brilliant.

MEDICAL NEWS AND MISCELLANY.

DR. S. Y. HOWELL has been appointed Lecturer in Pathology in the University of Buffalo.

DR. W. WORTHINGTON MYERS was married on June 16th to Miss Emma I. McCulloch, of Philadelphia.

DR. W. S. APPLEGATE, of Fairton, New Jersey, was married on May 26th, to Miss Mary I. Vail, of Boston, Mass.

DR. HENRY G. LANDIS, late Professor of Obstetrics and Diseases of Women and Children in the Starling Medical College, Columbus, Ohio, died in Philadelphia on May 22d.

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B. B. BRAHEAR, A.M., M.D., of Akron, Ohio, has been elected to the Chair of the Theory and Practice of Medicine in the Medical Department of the University of Wooster, Cleveland, Ohio.

THE numerous friends of Dr. W. F. Westmoreland, editor of the Atlanta Medical and Surgical Journal, will be pleased to learn that he has recovered from a tedious illness, and will soon resume active professional and editorial work.

THE CONNECTICUT STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. T. M. Hills, Willimantic; Vice-President, Dr. Francis Bacon, New Haven; Secretary, Dr. S. B. St. John, Hartford; Treasurer, Dr. E. P. Swasey, New Britain.

DR. G. C. SAVAGE, an esteemed contributor to THE MEDICAL BULLETIN, has been elected to the Chair of Otology, Opthalmology, and Laryngology in the Medical Department of Vanderbilt University and the University of Nashville, which was made vacant by the death of Dr. Van S. Lindsley.

THE ILLINOIS STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. T. Kirk, Atlanta; Vice-Presidents, Dr. E. Wenger, Gilman, and Dr. W. T. Ensign, Rutland; Secretary, Dr. D. W. Graham, Chicago; Treasurer, Dr. Walter Hay, Chicago; Assistant Secretary, Dr. H. J. Reynolds, Chicago.

THE OHIO MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. Thomas McEbright, Akron; Vice-Presidents, Drs. J. M. Weaver, Dayton, W. S. Battles, Shreve, X. C. Scott, Cleveland, Jesse Snodgrass, Kenton; Secretary, G. A. Collamore, Toledo; Assistant Secretary, E. C. Brush, Zanesville; Treasurer, T. W. Jones, Columbus.

DR. WILLIAM O. BALDWIN, one of the most distinguished physicians of the United States, died at his residence in Montgomery, Ala., on May 30th. Dr. Baldwin was one of the founders of the Medical Association of Alabama, and served as its president for a number of years. In 1869 he was elected President of the American Medical Association, and last year he was appointed one of the vice-presidents of the Ninth International Medical Congress.

IT is really painful to see the sickly efforts of our valued contemporary, the New York Medical Record, with its rapidly decreasing subscription list, to belittle the enthusiastic meeting of the American Medical Association at St. Louis. Surely the obstetric record of this mountain in bringing forth such a diminutive mouse after its fearful efforts of the last two years in trying to break up the association, should carry a serious lesson to people who attempt to carry more than they can conveniently lift. We would suggest the Hot Springs, Arkansas, under the care of our good friend Keller, as a good remedy for malingering.—*New England Medical Monthly.*

PROFESSORS WILLIAM H. PANCOAST AND JOHN V. SHOEMAKER, of the Medico-Chirurgical College and late of the Jefferson Medical College, sailed for Europe on Saturday, June 19th. Drs. Pancoast and Shoemaker were appointed delegates by the American Medical Association, at its meeting in St. Louis, to the British Medical Association, and all other European medical societies. They both go also in the interest of the Ninth International Medical Congress, which will meet in Washington in 1887. Dr. Shoemaker likewise represents the Association of American Medical Editors, of which he is president.

SUMMER DIARRHŒA.—In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of Listerine, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

It can be administered at short intervals after eating, as soon as regurgitation, distension, or acidity occurs. Its action in arresting excessive fermentation is prompt, besides it exercises a decided sedative influence on the mucous membranes of the stomach.

The thymol, menthol, and boracic acid which, with the quota of alcohol necessary to their proper admixture, form the principal elements of Listerine, lend to this compound a special value in this class of cases.—*New York Med. Journal.*

THE RECENT MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The immediate effect of the St. Louis meeting of this important national body must be to strengthen its own position at home and abroad, and to assure the profession everywhere that the International Medical Congress will certainly be held in the fall of 1887, according to the programme prepared for it. The association unanimously adopted the report of its own Committee of Arrangements, appointed last year, and transferred the whole care of the Congress to the Executive Committee. This is as it should be, and it is to be hoped that many of those who have hitherto held aloof from prospective participation in the Congress from personal feelings, or from sympathy with those who imagined that they had cause of dissatisfaction at the course of the association in the matter, will sooner or later count themselves among the active workers for the success of the Congress, with the view of tendering to the profession of the whole world the warm reception which our characteristic hospitality as a nation and as individuals should fully guarantee.—*The College and Clinical Record.*

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PROFESSOR WILLIAM H. PANCOAST.—A complimentary dinner was tendered to Professor William H. Pancoast by the Alumni Association of Jefferson Medical College, on his retiring from the Chair of Anatomy in the College. The dinner took place at the Hotel Bellevue, Philadelphia, Thursday, June 17, 1886. We know there is no one for whom the alumni feel a higher regard than Professor Pancoast, and he is well worthy a dinner at their hands. . . . The chair of the Pancoasts is no longer to be held by a Pancoast, and we are sure the Pancoast family will not suffer by the change. The successor in the Chair of Anatomy will have a difficult task before him in maintaining the record of his predecessors. Few men can be the skilful anatomist and possess the ability to present the dry bones and severe anatomical facts in such brilliant and attractive array as to rivet the attention of the dullest student, in the manner of the Pancoasts, without ever having indulged in a single vulgar joke or a remark which would be unbecoming the dignity of any man. The many thousand graduates of old Jefferson scattered throughout the country can but regret the retirement of such men, and indulge the fear that the evil days have come upon their *Alma Mater* when her atmosphere ceases to be congenial to her best men.

The Review offers the sentiment: Long life to Professor Pancoast and Jefferson Medical College, and may the latter send others of its Faculty to visit St. Louis, if they can vie in talent, courtesy, and magnetism with the member but recently among us—Professor Pancoast.—*Weekly Medical Review*, June 12, 1886.

HONOR TO WHOM HONOR IS DUE.—Mr. J. W. Lambert, to whose untiring labor the wonderful success of the several features of the last session of the American Medical Association is almost wholly due, was yesterday the recipient of an exquisite watch, which was presented to him by the Committee of Arrangements as a token of their appreciation. During the morning Mr. Lambert received a note, asking him to call at the office of the chairman of the committee, who addressed him in a neat speech, telling him how amply the Arrangement Committee were indebted to him for the successful meeting they had had. How, when everything foretold a failure, he had been called on. He had responded to the call, and earnestly and unselfishly worked for them. He spoke in the most complimentary manner of the modesty that characterized Mr. Lambert's labors. He said that during the entire time he had kept himself in the background, never thrusting himself forward or seeking notoriety, but quietly doing the work while others bore the honors. In conclusion, he said that the committee felt that nothing they could do would absolve them from the debt of gratitude they owed him, nor did they desire to be absolved, but the feeling of them all was, that their greatest pleasure would be to present him with a token of their esteem and appreciation.

Mr. Lambert thanked the committee for the present and the kind feeling that prompted it. He did not think that the work he had done was commensurate with the reward, but appreciated highly their estimation of it, and said that he would ever hold it as a pleasing memento of the occasion and hand it down to his children with pride. Dr. McPheeters then addressed Mr. Lambert with a few complimentary remarks.

The watch is one of Jurgensen's repeaters, and has on the outside of the case the monogram, "J. W. L.," and within, the inscription, "To J. W. Lambert, from the Entertainment Committee, A. M. A., 1886."

The recipient first organized the Citizen's Committee, and personally secured most of the money raised by that committee. In one day he obtained more than half the amount that was raised altogether. He alone attended to all the arrangements for the magnificent reception which was tendered the physicians, and he carried them to perfection unaided.—*St. Louis Globe-Democrat*, May 28, 1886.

AMERICAN MEDICAL ASSOCIATION. — The Thirty-Seventh Annual Convention of the American Medical Association, held in St. Louis, was marked for the harmony that prevailed and the excellence of the papers presented. The meeting was a large one, and its scientific results were not inferior to those of any previous convocation.

For long before the meeting, the friends of the Original Committee of Arrangements of the anticipated International Medical Congress filled the air with rumors of a grand row, which their organs said would occur at the annual meeting in St. Louis. No such thing, however, materialized, but, upon the contrary, there was a oneness of mind upon the subject of the Congress, singularly universal.

The report of the Enlarged Committee on the organization of the Congress was unanimously adopted by the association. The Enlarged Committee having selected the provisional officers of the Congress and of the sections, and thus provided an Executive Committee of the Congress to take all further control of its affairs, its services were no longer needed, hence, as was requested in the final report, the committee was discharged.

No doubt the enemies of the American Medical Association, the majority, if not all of whom denominate themselves specialists, were much encouraged in the active war they have urged, by the fact that the Enlarged Committee was composed of one man from each State, Territory, and Medical Department of the Government, thus making a ponderous organization, which they naturally supposed could never secure a

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working quorum under the fire from their artillery. If this view was entertained, these gentlemen sadly underrated the constituent elements of that committee; for when the meeting was called in Chicago, as well as in New York, the committeemen poured in from all parts of the country. They felt the necessity for action, abandoned their practice, footed their own bills, and in many instances traveled thousands of miles in obedience to feelings of loyalty and devotion to duty. Such men are not to be "bulldozed" nor made to "eat crow."—*Mississippi Valley Medical Monthy.*

HELENIN IN DIPHTHERIA.—Dr. Juan Beltrán Obiol has communicated to La Cornica Médica, a paper on the subject of the successful treatment of diphtheria by means of helenin. He refers to a work by Dr. E. Pilatte, published in Paris, and entitled "Recherches Experimentales sur le Bacile de la Tuberculose," in which it is stated that the three substances most destructive to cultivations of bacilli are, in the order of their activity—(1) Sulphuretted hydrogen; (2) corrosive sublimate; (2) helenin. The first two of these are, of course, out of the question for diphtheria. Helenin, therefore, is the only one which can be used for this purpose. Dr. Obiol is very particular about the helenin he employs, for he finds many specimens in the market which are exceedingly impure. When pure, he says it is perfectly white and flocculent, like sulphate of quinine. It has an aromatic odor, and a bitter aromatic taste. It is insoluble in water, and does not communicate to it any opalescence. It is very soluble in alcohol, and even more so in ether, the solution being clear, colorless, and depositing no sediment. It is also soluble to the extent of two per cent. in oil of sweet almonds. Specimens are apt to be granular, heavy, yellowish, only slightly bitter, with a resinous odor, and they sometimes impart opalescence to water, and deposit a precipitate from their solution in alcohol and ether. Another substance sold as helenin, but which is said to be a derivative of shalin and not to possess the antiseptic properties of helenin, is crystaline, only slightly soluble in ether and alcohol, and not at all in oil of sweet almonds. The pure drug is insured by prescribing "helenin" (Baeza). The author's plan was to apply powdered camphor on the end of the finger to the diphtheritic patches and then to paint them over with a solution of helenin in oil of sweet almonds. This was done at first every four hours, and quickly produced complete destruction of the false membrane. The drug was also given internally in doses of one grain and a half to children of six years of age, care being taken to administer the powder after the application, as the latter sometimes induced vomiting. The author had great success with this method of treatment, but he insists on the necessity of the local applications being made by the medical man himself, as far as possible, and not left to the parents. He found that when he commenced the treatment on the first day of the disease, a single day was sufficient to effect a cure; when he commenced on the second day, two or three days were required; when on the third or fourth day, from six to nine days were needed; but when he did not see the patient till the fifth or sixth day, the hope of effecting a cure was not very great. In his experience albuminuria did not occur. The only unpleasant action of helenin is its constipating effects, against which it is necessary to guard by giving laxatives.—*Lancet.*

A COMPLIMENTARY BANQUET; A DINNER TO THE PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION.—The banquet given at the Linden Hotel, Wednesday evening, June 3d, by the medical fraternity of St. Louis, in honor of E. H. Gregory, President of the American Medical Association, was a pleasant affair, and a fitting compliment to the distinguished beneficiary. Three long tables were arranged in the shape of a horseshoe in the ladies' ordinary, and were lavishly decorated with rare flowers wrought into appropriate designs. The supper was all that could be desired, and was served in courses. Dr. J. B. Johnson presided, and among the eighty guests who were present, the following were called upon to respond to toasts: Drs. T. L. Papin, E. F. Smith, P. G. Robinson, H. H. Mudd, N. B. Carson, C. A. Todd, W. B. Outten, F. J. Lutz, and G. A. Moses.

In response to the toast, "Our Guest—May he be as honored in the future as he has been useful in the past," Dr. Gregory responded, saying:—

Gentlemen—I may almost say my students—my position is novel. I am more nervous than on my wedding day. The central figure of a banquet hall, in the midst of a galaxy of medical talent. My emotions are peculiar. I, who have stood between welling, spouting blood and grim death, cannot understand the mysterious perturbation of this moment, anticipating the possibilities. I have written what I find in my heart to say:—

"This is a royal entertainment, and right royally do I thank you. The generosity of my friends passes all understanding. The question often comes, has another man such friends? I am indebted to my home friends, my life-long friends, my indefatigable, self-sacrificing friends for the proud distinction of being your honored guest to-night. Mark you, I am not unmindful that the honors of this occasion are due to the presidency, and not to the president of the American Medical Association.

"The American Medical Association is the oldest and largest representative body known to

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history. A gigantic consultation for the relief of the suffering world. For forty years it has protected our interests, maintained our honor, increased our knowledge, and extended our usefulness; through it the profession has been introduced to the world as a body. In fact, the profession exists as a whole, in the association. In its early history, it represented only general medicine; now, through its several sections, it represents all the important specialties. This latter feature is most important and advantageous, suggesting the propriety of discouraging the formation of new associations, having for their object medicine and general surgery, for such associations must weaken the parent trunk by diverting influence and intent from its legitimate purpose. We need no national associations of physicians and pathologists, no national surgical association. To be the representative head of this great body of enlightened physicians is, indeed, a great honor. Again, couple the fact that this dignity is without patronage, and one sees at once the work of disinterested friendship, the work of friends who have no personal interest or personal advancement at heart. For all this I am proud; for all this I can only tender my poor thanks; doubt not my sincerity; doubt not my gratitude, for I am heartily in earnest."

The delight and joy was unconfined, and the amount of wit and humor which sparkled and bubbled on all sides, was only paralleled by the champagne in its abundance and freedom, the whole concluding with "Auld Lang Syne."—*Weekly Medical Review.*

THE AMERICAN MEDICAL ASSOCIATION.—The Medical Record, of New York, and a few other journals of less note have been indulging in expressions calculated to create the impression that the recent meeting of the association was less representative of the whole profession than most of its predecessors; and that the action of its Judicial Council in reference to the admission of the delegates from the Philadelphia County Medical Society, had started a serious split in the membership of the association. To the latter accusation the Medical and Surgical Reporter, of Philadelphia, of May 22d, replies so directly and truthfully that we quote from it as follows:—

"It is hardly fair to speak of a split when only a few fibres are carried away; it would be more correct to say a shave or a scrape. The main body of the American Medical Association is today more united than it ever was, and it has lost the allegiance only of those who 'got mad' because they could not control. We cannot help but see that the action of the Judicial Council was eminently proper in the case of the alleged delegation from the Philadelphia County Medical Society. There were two sets of delegates before them; one set had been regularly and legally nominated, but they were not elected; the other set had been elected, but, and this is a big BUT, they had not been legally nominated, and as such nomination is, according to the constitution and by-laws of the society, a *sine qua non* of a legal election, every unbiased mind must hold that they were not legally elected. Hence, the clear position was that the Philadelphia County Medical Society had no legally accredited delegates, and the society was not entitled to recognition."

The pretence that the recent meeting at St. Louis was in any sense more geographical or less generally representative than in former years, is very easily disproved by reference to the facts. Probably no three meetings could be chosen from the whole history of the association affording a fairer basis for comparison than those held in New York, 1880, Washington, 1884, and St. Louis, 1886. The first was in the great metropolis of the Atlantic States, immediately surrounded by the greatest density of population and the most complete social organization of the profession; the second in the capital of the country, with more local attractions than any other city; and the third in a great city in the central part of the Mississippi Valley. The number of members attending each of these meetings was between one thousand and twelve hundred, embracing delegates from almost every State and Territory in the Union.

The six States that furnished the largest number of members in the meeting at New York in 1880, were New York, Pennsylvania, Massachusetts, New Jersey, Michigan, and Connecticut; New York alone furnished three hundred and nineteen, or very nearly one-third of the whole number present.

The six States having the highest number of members in the meeting at Washington, 1884, were Pennsylvania, Ohio, New York, Indiana, Illinois, and Iowa; Pennsylvania sending the highest number, it being two hundred and nineteen.

The six States having the highest number of members in the meeting in St. Louis in 1886, were Missouri, Illinois, Iowa, Indiana, Pennsylvania, and Ohio; Missouri furnishing two hundred and fifty-two, or less than one quarter of the whole number in attendance. The only States not represented in the meeting at St. Louis were New Hampshire in the northeast, Delaware in the middle Atlantic region, Alabama in the south or Gulf region, and Nevada and Oregon in the extreme west. These facts show the entire fallacy of claiming that the recent meeting was less representative of the profession of the whole country than those held at any former period. If such a claim could be made in reference to either of the three meetings we have

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named, it would be the one held in New York in 1880, where a much larger proportion of members belonged to the State in which the meeting was held, than in either of the others. Again, in 1880, the regular paying membership of the association was less than two thousand, while it is now double that number, and is composed of representatives from the State, county, and other local medical societies in every State, aggregating between thirty and forty thousand of the most active, enterprising members of the profession of the United States. These facts do not afford much support to the idea that the association is about to crumble to pieces, or be speedily succeeded by a "Congress of American Specialists," constructed from a union or confederation of half a dozen American specialist organizations whose entire aggregate membership will hardly number five hundred.—*Journal of American Medical Association.*

MASSAGE AS A THERAPEUTIC AGENT.—It is no easy matter to say in what class of diseases massage proves most useful. Unfortunately, its employment has been advocated in many cases for which it is essentially unsuited. Accurate diagnosis is of the utmost importance, and the sphere of usefulness of this remedy will, with increased experience, become more accurately defined. My best results have been in infantile paralysis; and it was in consequence of the success achieved in certain obstinate cases of this disease, that my attention, as has been elsewhere stated, was directed to the subject. Progress is often slow, but the ultimate results are most satisfactory. The nutrition of the parts is maintained until new cells in the spinal cord take on the functions of those which have undergone degeneration, or have been destroyed. Massage is, undoubtedly, of much value in many cases of obstinate neuralgia, and succeeds admirably in some forms of muscular pain, such, for example, as those described by the late Dr. Inman, under the term "myalgia." There is a general concensus of opinion that it is well adapted for the treatment of chronic joint affections; and most of those I saw treated by von Mosengeil were such as would, in this country, be considered incurable, or would drift into the hands of "bone-setters." There are some diseases of internal organs in which it is undoubtedly useful. Not long ago, a gentleman, aged sixty-eight, came to me complaining of shortness of breath, and increasing disinclination to take exercise. He had been in business, and had led a most active and energetic life. Three or four years ago he retired, and, from that time, experienced a gradual falling off in health. His appetite was poor, his bowels were obstinately confined, and he was nervous and anxious about himself. He was found to have a loud apex systolic murmur, and the heart's action was weak and irregular. I suggested massage, which was carried out systematically four days a week, for a period of six weeks. He improved from the very first, and, before the conclusion of the course, was better than he had been for many months. His appetite returned; his hands and feet were warmer; the bowels became regular; he slept well at night; and his spirits improved in a most satisfactory manner. In other cases of obstinate constipation, especially in women, I have known massage of the abdomen do a great deal of good.

In a well-known group of symptoms from which women frequently suffer, massage is essentially useful. I recently saw a lady, aged forty-five, or thereabouts, a professional singer, who was laboring under the impression that she was going mad. She was so nervous that she was quite unable to accept an engagement, although she had been constantly before the public, and had hardly missed a night for twenty years. She told me that she felt she was not to be trusted, and that, if left alone, she would do herself or her children an injury. She was afraid to go near an open window, so great was the temptation to throw herself out; and she even begged that the knives might be removed from the table at dinner. These symptoms were greatly intensified after each monthly period, and she insisted that she was suffering from cancer or some organic disease of the stomach or womb. She was restless at night, and would often get up in the early morning, and walk for hours, until thoroughly exhausted. She was given full doses of the bromides—a drachm, or more, four times a day—but with only temporary benefit. Massage was then tried; and it seemed, to use her own expression, to soothe her and calm her, and make her forget her troubles. The case was a prolonged one, but now, at the expiration of three months, she is much better, and will soon be able to resume her professional duties. In several other cases of restlessness and inability to sleep, the same method of treatment has proved efficacious.

Dr. Graham, of New York, speaks highly of massage in the treatment of neurasthenia. He uses it for those "who, in spite of rest, change, and medication, have become chronic neurasthenics, the result of business reverses, overwork, worry, loss of relatives, disappointed hopes, or as a sequel of some affection that has existed in some part of the system, but which has recovered or has become of secondary importance." These symptoms may be somewhat ill-defined; but, I have certainly found massage of the greatest use in what, for want of a better name, has been called "spinal nervous weakness," or "neurasthenia spinalis."

In the treatment of corpulence associated with

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constipation, massage is of much value. Some months ago I saw a lady, aged thirty-eight, who, as the result of much good living and little exercise, had become inordinately stout. She was very short of breath, and was disinclined for exertion of any kind. She had been fond of literary pursuits, but even those had lost their charm, and were irksome to her. She was extremely irritable, and a source of trouble and anxiety to her friends and relatives. Massage was prescribed, and in two months she lost a stone and a half in weight, and improved notably in other respects.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged nineteen, who suffered intensely at each monthly period, the pain being so severe, that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases, in detail. In the convalescence from acute illness this mode of treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.—WM. MURRELL, M.D., F.R.C.P., *British Med. Journal.*

DINNER TO PROFESSOR WILLIAM H. PANCOAST, M.D., ON HIS DEPARTURE FOR EUROPE. —More than a quarter of a thousand of representatives of the legion of friends, admirers, and some-time students and medical *confrères* of Professor William H. Pancoast, M.D., gave a dinner at the Bellevue to that eminent medical teacher, on his approaching departure for a brief holiday in Europe, before entering on his new professorship in the Medico-Chirurgical College.

In his honor there was an attendance of notable men in medicine, journalism, and the liberal professions generally, a minimum fraction of the professor's friends of thirty years. Were it possible for one Bellevue banquet to be compared as better than another, this was that occasion, wherein good cheer, hale fellowship, learned companionship, and brief but brightest of after-dinner utterances, made the early evening hours only too fleeting.

Professor Addinell Hewson, as chairman, graced the head of the three-fold tables. On his left the guest of the evening, Prof. Pancoast, was seated, and at the right Dr. W. Brodie, president of the American Medical Association. Next on either side appeared the venerable Dr. Henry H. Smith and Dr. Albert Fricke, other of the seniors in medical life being placed in order following these Nestors of the healing art.

Letters of regret were read by Professor Addinell Hewson from His Excellency Governor Pattison, Hon. Ulysses Mercur, Chief Justice of the Supreme Court, Hon. Judge James Mitchell, Mayor William B. Smith, Hon. Daniel M. Fox, Mr. George W. Childs, Mr. A. K. McClure, Mr. Wm. W. Harding, Dr. Hiram Corson, Dr. J. P. Widener, Los Angeles, Cal.; Dr. Richardson, of New Orleans; Dr. Love, of St. Louis; Dr. P. S. Conner, of Cincinnati; Dr. A. Reeves Jackson, of Chicago; Professor R. Ogden Doremus, of New York; Dr. N. S. Davis, of Chicago.

Notes regretting inability to participate, and expressing the highest regard for Professor Pancoast were received from Mr. A. R. Baker, Dr. Gaillard Thomas, Mr. A. Rothrock, Mr. W. V. McKean, Dr. William Osler, Mr. Thomas Ridgway, Dr. E. W. Bruen, Dr. C. W. Kelley, Mr. Howard Roberts, Governor William Bunn, Dr. Schultz, Professor Joseph Leidy, Dr. Roswell Park, Dr. John B. Hamilton, Dr. T. A. Emmett, Dr. D. B. Brinton, Dr. Austin Flint, Jr., Dr. J. H. Baxter, Dr. J. M. Toner, Dr. Polk, Dr. J. C. Culbertson, Dr. William A. Hammond, Dr. Louis A. Sayre, Mr. William Snowden, Mr. Howard Munckhuysen, Dr. Wesley M. Carpenter, Dr. Fred. S. Dennis, Mr. John Norris, Mr. John H. Taggart, Mr. Edward F. Arnold, Dr. Phineas Horwitz, Mr. John Tucker, and others.

Among the gentlemen present were Drs. William B. Atkinson, Secretary of the American Medical Association; Thomas H. Andrews, Secretary of the Alumni of Jefferson Medical College; R. J. Duglison, W. C. Wile, John V. Shoemaker, S. R. Knight, Leonardo S. Clark, P. D. Keyser, F. Fisher, St. Clair Ash, W. M. Welch, F. Woodbury, H. Leaman, Frank H. Getchell, James Collins, Thomas Hay, James I. Levick, S. R. Pancoast, W. Anderson, R. N. Townsend, W. H. Warder, E. E. Montgomery, Mark L. Nardyz, H. Morris, W. W. Glentworth, W. Erkwurzel, George E. Stubbs, A. K. Minich, F. F. Cassady, Henry C. Boenning, William S. Stewart, R. S. Curtin, James Wilson, William F. Waugh, William R. Warner, Laurence Turnbull, William G. Winder, Joseph W. Anderson, J. O. Knipe, A. C. Bournonville, W. R. Cruise, J. C. Cooper, W. S. Dodd, L. Harrison Mettler, James Van Buskirk, D. N. McQuillen, N. Hatfield, Elwood Wilson, H. H. Smith, Albert Fricke, L. J. Deal, Robert Newman, George H. Rohé, E. P. Allen, C. W. McKeehan, Dr. Wild, B. H. Throop, G. Milton Bradfield, *W. Brodie (President of the American Medical Association), A. N. Bell, Peter McCahey, and Messrs. E. L. B. Godfrey, J. N. Quimby, Clayton McMichael, Albert Pancoast, W. S. Lewis, L. C. Davis, M. P. Handy, W. T. Tiers, H. L. Taggart, Albert N. Lewis, A. M. Parry, and others.

Formal toasts were dispensed with, but the more prominent guests present were called upon in due order by Dr. Andrews, acting as moderator and toast master, and replied in the happiest and most earnest manner.

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The guest of the evening, on being called upon, responded gracefully and eloquently in an interesting speech, an outline of which is herewith given.

Professor Pancoast, on rising to make his acknowledgments, was received with a perfect storm of applause. After expressing his sense of the great compliment paid him, he spoke of his twenty-seven years of association with the Alumni of the Jefferson, and said it made him happy to feel that they believed him loyal to their *Alma Mater* and to the principle of practical teaching impressed upon the school by the genius of its founder, Dr. George McClellan, its fame perpetuated by the famous faculty that kept its ranks unbroken for a period of thirty years.

The departure in this practical teaching from the European system and that of the University at that period was remarkable. The two colleges—the University and Jefferson—were called the mother schools of the country. The Jefferson, the daughter of the University, was the mother of the practical system of instruction so exactly suited to the American genius. The anxiety of his father, Dr. Pancoast said, the perseverance of his colleagues, succeeded in making Jefferson the great practical school of the country.

The rise of the Jefferson Hospital was the next theme of the professor's address. He described the modest beginning of that institution, and its influence in drawing closer still the relations of didactic and clinical teaching. The establishment of laboratories, Dr. Pancoast said, was decided by his vote in the Faculty, adding that he mentioned that and one or two other facts to which he alluded, merely to show that he was always in favor of development and progress, and that therefore his resistance to the movement to make the Chair of Anatomy and Clinical Surgery less practical by dividing its branches was not to be wondered at. The policy recently inaugurated at that school was retrograding towards theoretical teaching in the separation of surgery and anatomy, the abolition of the post-graduate course, and the dismissal of Dr. Atkinson and Dr. Shoemaker from the spring course without a word of thanks. A management of that character he thought hardly likely to meet the wishes of the alumni.

"I could not," Professor Pancoast continued, "permit the Chair of General Descriptive and Surgical Anatomy and Clinical Surgery, which had been made illustrious by the work of my distinguished father to be crippled while I was its representative. My relations with the majority of the Faculty and the successive classes I found it hard to sever, especially as the students paid me the great honor of asking for my portrait, and sent me a unanimous request to reconsider my resignation. I acted, however, from a sense of duty, and aided the election of my successor."

Professor Pancoast then spoke of his determination on resigning to go abroad for a year or two, and the influences which had induced him to reconsider that resolve and continue teaching in a new sphere. This, of course, led him to speak of the Medico-Chirurgical College, and of its forming, as described exclusively in the columns of The Inquirer in its issue of yesterday, the nucleus round which four other institutions were about to cluster, the whole forming a great new medical school, suddenly starting into being, not in rivalry, but in generous emulation of the University and the Jefferson. The Faculty, Dr. Pancoast said, was reinforced with alumni from the Jefferson. The new institution thus arising in full efficiency would be, therefore, practically an offshoot of that great school. It would be no drawback, but an advantage to the other schools, aiding both, and affording opportunities for the talent which is constantly being developed in this city.

Professor Pancoast also said that he would always love and respect his *Alma Mater*, though for the reasons he had explained he was dissatisfied with the present management of the Faculty, and it was that dissatisfaction which had led him to withdraw, and to transfer his services, and with them his extensive museum, to the Medico-Chirurgical College, which, he added, was about to coalesce with the Charity Hospital, the American Hospital of Skin Diseases, the Philadelphia School of Anatomy, and the great and successful Philadelphia School of Dentistry.

After remarking that any mismanagement at the Jefferson could only last for a time, and that the college would again return to its practical system in all points, Professor Pancoast gave some account of the fine building on Cherry Street near Seventeenth, about to be occupied by the allied colleges, and went on to show how the existence of a third school would attract students, make opportunities for usefulness for medical instructors, benefit the suffering, and aid the progress of medical science. With a word or two more of thanks to his friends, Professor Pancoast resumed his seat amid prolonged cheering.

Dr. W. C. Wile made a spirited speech, which was interrupted again and again by the laughter and applause of his listeners, and Dr. Andrews also called upon the following gentlemen, all of whom responded briefly but felicitously to the invitation: Mr. Moses P. Handy and Dr. Minich, each of whom won fresh laurels as a speaker by the remarks made in response to Dr. Andrews's request; Dr. William Brodie, of Detroit, Mich.; Dr. H. H. Smith, Hon. B. T. Briggs, Colonel Clayton McMichael, Dr. Isaac Quimby, of Jersey City; Dr. A. N. Bell, Mr. C. W. McKeehan, Dr. P. D. Keyser, Dr. Knight, and Dr. Sharpe, of Salem, N. J.

The departing professor was eulogized and overwhelmed with praise from his senior and junior fellow-members of the medical guild, as well as by his many compeers in the other learned walks of life.—*Philadelphia Inquirer*, June 18th.

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COMMERCIAL NEWS.

TO THE MEDICAL BULLETIN:—Permit us to say a few words in regard to "Caulocorea" in menorrhagia. Mrs. Y., aged 21, commenced to menstruate at the age of thirteen. At her second flow she caught cold, as her mother thought, and since that time her monthlies continue from one to two weeks. We were consulted; gave her the best treatment we knew, without any benefit. She was then treated by physicians of other schools, and brought back to us about the 1st of December, 1885, in an anæmic condition, her health entirely broken down. Seeing Caulocorea (manufactured by Dr. J. W. Lowell & Co., of Portland, Me.) recommended highly, we gave it a trial. We used it according to directions, in connection with the different preparations of iron. To-day, we have the satisfaction of saying she is perfectly free from her old complaint, menstruates regularly, and is in good health other ways.

We believe the Caulocorea to be the remedy for such uterine troubles.

Yours truly,
F. J. C. RAWLINS & SON.
MAPLE VALLEY, IND., April 7, 1886.

EDITOR OF NORTHWESTERN LANCET: Not long since I had brought to me a child of six months, suffering from the following symptoms: Constipation, at times irregular action of bowels, regurgitation of food, and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment. It had been given a number of Infants' Foods in vain, one of which I prescribed myself. By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally, I gave "Carnrick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely. I am inclined to think this food is worthy of attention on the part of the profession. It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur. It requires no addition of milk. It has the advantages, and none of the disadvantages, of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly,
ST. PAUL, June 1, 1886. C. F. DENNY.

THE EDINBURGH MEDICAL JOURNAL, SAYS:—

Of late there has been a great influx of new drugs, some of great value, others of little or no use. The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:—

BROMIDIA.—About eighteen months ago a friend of mine from America, told me of the wonderful effects of a medicine, much used in the States, called Bromidia. According to the makers, it is composed of chloral hydrate, fifteen grains; potassium bromide, fifteen grains; extract of cannabis indica, one-eighth grain; and extract of hyoscyamus one-eighth grain. I obtained some, and have ordered it regularly for over a year, and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina, and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after effects of opium. The dose is ʒss to ʒj every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

J. LINDSAY PORTEOUS, M. D., F. R. C. S., M. R. C. P., ED.

SUPERIORITY MAINTAINED.

The testimony as to the value of pepsin is overwhelming. Flint says: "The principle on which it is employed, viz., to supply a deficient element to the gastric juice entitles it to be considered as a remedy of the highest value, and experience accords it the same position." Cummins says he has seen so many apparently hopeless cases in infants recover under its use, that he never recommends a wet nurse, but relies on artificial food, the digestion of which is aided with pepsin. On the other hand, there are physicians not a few who have almost given over its use, since they are unable to attain any benefit from it. The difficulty is they have employed only the worthless imitations with which the country is flooded. To such we cordially commend Jensen's Crystal Pepsin in all cases of imperfect digestion, debility, etc. We speak from personal experience when we say that its use is most satisfactory. Unfortunately it has been grossly counterfeited, but that is really but another testimonial to its worth. Its purity and solubility, and its great solvent power upon albuminoids, inspired physicians to try it as a solvent for diphtheritic membrane, and also coagulated blood in the bladder, in both instances with decided effect. We have also known of its being injected into the substance of malignant growths, which could not be extirpated, with the apparent result of greatly retarding their growths. It is without the usual odor and taste of pepsin, which is so offensive to many, and, beside the usual form, is put up in tablets containing each two and a half grains. We find these an admirable form for its administration.—*Mass. Medical Journal.*

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MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, AUGUST, 1886. No. 8.

A CLINICAL LECTURE.

CAISSON DISEASE; THE TREATMENT OF SUB-ACUTE AND CHRONIC RHEUMATISM.

BY WILLIAM PEPPER, M.D., LL.D.,

Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This patient has given us the following history: J. M., age 35 years. The family history is good. He has been a hard-working man, exposed to all sorts of weather. There have been no alcoholic excesses and no venereal disease. His health was good until two months ago, since which time he has had more or less cough. For some time past he has been working eight hours a day in a caisson, under a pressure of forty-two pounds to the square inch. Three weeks ago, after coming out of the caisson, he was taken with a severe chill, lasting two days, and followed by sweating, but no fever. There was loss of appetite and complaint of pain throughout the body and severe headache. One week later he had another chill, not quite so severe, which was followed by some fever and sweating. The fever has continued since then. Five days after the second chill he began to have diarrhœa, passing as many as ten stools a day. This has continued. He had a slight hemorrhage from the nose three or four days ago.

He was admitted to the hospital two days ago, with a temperature of 104.8° Fahr., but with a pulse of only 100° Fahr., and respirations 26 per minute, the elevation of temperature being out of proportion to the acceleration of pulse and breathing. The tongue was coated in the centre and moist, and red at the tip and edges; it was tremulous. The hands shake on attempting any motion. The face was flushed, and the expression dull and listless. The heart sounds were normal. The lungs present over both sides a few mucous rales. The urine is normal. The temperature this morning is 103° Fahr., the pulse 96, and the respirations 16. The skin is moist. The belly is normal, not at all distended. As far as we can discover there is no characteristic eruption. There is a moderate eruption of sudamina, particularly about the base of the chest.

There are several points of interest with reference to this case. For some years past we have been much interested in studying a new form of disease, which has received the name of caisson disease, because it attacks those working in these submerged air-chambers, carrying on the engineering work required for the laying of the piers of bridges and the like.

This is an entirely new affection, because this method of work is a comparatively new one. These submerged air-chambers are supplied with air pumped from the surface. Working in these chambers has induced certain curious pathological changes, the symptoms of which were at first misunderstood. It was believed that the men were attacked with rheumatism, and, again, that they had low forms of fever. It is now clearly recognized that those who work under such atmospheric conditions are liable to very severe nervous symptoms, which attack them either while working

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in the caisson or after they come to the surface. These symptoms assume different forms. Perhaps the commonest are affections of hearing, dizziness, headache, and extreme pains through the limbs. These pains closely resemble rheumatic pains. Sometimes the symptoms are much more severe. There may be almost complete paraplegia, or even more general paralysis. As a rule, these symptoms pass away if the subject stays from work for a few days. Men may have a threatening of these symptoms and yet by working but a few hours at a time, may go along without serious inconvenience.

This man presents a combination of the symptoms of mild caisson disease, with the subsequent symptoms of a low febrile type, so that I am uncertain what proportion to give to the work that he has been engaged in and what to some febrile element introduced into his system without reference to that work. The first attack came on so quickly after he left the caisson, that we must assume that the work has something to do with the production of the severe pains of which he complained. The symptoms which he now presents are not characteristic of caisson disease, but are like the symptoms of mild typhoid fever. He has had irregular fever, cough, slight epistaxis, loss of appetite, looseness of the bowels, and prostration. He has run through a low febrile condition, but in the absence of the characteristic eruption, it is impossible to assert positively that he has typhoid fever. It may have been a simple continued fever of severe type, coming from the unusual exertion and the peculiar conditions under which the exertion was made. That would appear to be the more probable explanation of the case. It must also be remembered that he has been working in a malarious district. The season of the year is, however, not favorable to the development of malarial affections, but it has been an open month, and there may be a malarial element in the case. This is, however, a matter of conjecture. What we clearly know is that there has been a continued, irregular affection, lasting three weeks, and appearing after an attack of mild caisson disease. It is quite possible that this febrile condition has been the result of the conditions under which he was working, and of the excessive bodily and nervous strain to which he has been subjected.

The man is evidently improving, the temperature is going down, the pulse is moderate, the expression is good, the mind is clear, and all the symptoms indicate that he will soon be convalescent. All that is required in the way of treatment is rest, liquid diet, and very small doses of stimulants diluted. If the bowels are loose, mild astringents; if the bowels are quiet, quinia, and mineral acids will be given.

The Treatment of Sub-Acute and Chronic Rheumatism.—This young colored man is 22 years of age, and a laborer by occupation. He knows nothing of his family history with the exception that his father had rheumatism. Three years ago he had rheumatism himself, the attack involving nearly all the joints of the body and lasting seven months. He then recovered and remained well until nine months ago, when he began to have pain in the left side and back. This was followed by involvement of the left arm and leg and of the right foot. The joints are painful and swollen.

This case illustrates some points of interest. It shows, in the first place, the fact that the rheumatic diathesis often appears to be hereditary. It is not always the rheumatic diathesis, but the arthritic tendency which is apt to be transmitted. It also illustrates very well the tendency of rheumatism to involve many large joints, to be tedious and uncertain, improving and returning, to be followed by relapses, in which the rheumatism does not always either attack the same joints as were affected in the first spell, or does not return as the same form of rheumatism. For instance, a man who has had, as this patient, a poly-articular rheumatism, tedious, and lasting over seven months, may have a relapse in which the rheumatism may be mono-articular, possibly affecting a joint not involved in the first attack, or it may appear in the form of muscular rheumatism, and thus we see the identity or the common descent of these different types of rheumatic affections. In the one case the joints are affected, while in the subsequent attacks the fibrous tissues about the joints, tendons of the muscles, their sheaths, the muscular substance itself, or the nerve-sheaths will be the parts attacked. I hope that this case does not also illustrate the tendency of rheumatism to involve the heart. Auscultation shows that there is no positive murmur, although the sounds are not entirely normal. A slight, sharp, clicking sound is heard just above the ensiform cartilage, showing that there has been a little pericarditis.

The difficulty in treating a case of this kind is

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in enforcing such a hygiene and diet as will prevent the recurrence of the rheumatic symptoms. It is easy to repress the attack of rheumatism while you have the patient directly under your care. The great difficulty is to keep the system in such a condition as to prevent recurrence.

The treatment of such cases as this is twofold. It is (1) the treatment of the attack or the treatment of the symptoms, and (2) the treatment of the interval to prevent the recurrence of symptoms. These two forms of treatment are totally different. This man has been taking a drachm of salicylate of sodium each day. As you are aware, we have found that the salicylates, and particularly the salt of sodium, have a remarkable power in controlling the manifestations of rheumatism, and especially the more acute symptoms. It is not a specific for rheumatism. There are many cases which resist its action, but, in the great majority of cases, it does exert a remarkable power in controlling the acute symptoms of the disease. Not only in the acute inflammatory cases, but also in some of the sub-acute cases, it is well to give the salicylates a trial. The treatment should not be persisted in unless satisfactory results are soon obtained. If it is going to do good, the beneficial results will soon be seen. If after from three to five days' use of the salicylates, some manifest improvement is not seen, it is better to change the treatment. If the remedy does good, it may be continued for some time in moderate doses; the drug is well borne by the system, and in cases where it is efficient, it may succeed in overcoming the tendency to relapse. I have known the continued use of the salicylates for several weeks, or even several months, to prove in the highest degree valuable in overcoming an obstinate tendency to the recurrence of rheumatic symptoms; but, on the other hand, if, after a few days' use, the symptoms still persist, perseverance with the use of the remedy rarely gives better results.

Where the salicylates do not answer, the iodides may do well. The iodide of potassium may be given alone, or associated with some alterative, as guaiacum. It may be given with powdered guaiacum in emulsion, or the iodide may be given with the ammoniated tincture, and with an elixir and syrup to make it more pleasant, and a bitter to make it tonic. A combination of a slightly laxative saline, with sulphur and guaiacum, is often of service. In all cases of this kind, the diet is to be carefully attended to, and the patient is to be urged to extreme care with regard to dress and exposing himself.

Where the disease is limited to a few joints, it is well to use some local treatment. This patient has also of late had trouble with the left arm. This is in all probability due not only to the involvement of the joints, but also to affection of the sheaths of the nerve. I have no doubt that there has been a certain degree of rheumatic perineuritis in this case. In cases of this kind, I should strongly favor the application of a series of blisters along the nerve-trunks and over the joints. This would hasten the cure decidedly.

After the marked symptoms have been removed, the time comes for what is really the important part of the treatment, that is the preventive. This is almost entirely hygienic and dietetic. There is no question that if patients with the rheumatic diathesis were willing to submit to proper hygiene and diet, that in the great majority of cases the diathesis could be eradicated. It is impossible to lay down any positive rules as to the diet for rheumatics. It should be such as is adapted to the gastro-hepatic digestion of the individual, and the greatest difference will be found in different cases. Some rheumatic patients do far better when they take no meat. I have patients who almost certainly get rheumatism if they take flesh food, and are almost entirely free from it so long as they live upon vegetables, fruit, and milk. On the other hand, there are some individuals who cannot take fruits, particularly the sub-acid fruits, such as the strawberry and orange, without getting rheumatism. I would not say that there is any particular diet which is best adapted for rheumatic patients. We should study carefully in each individual case the condition of gastro-hepatic digestion, and adapt the diet to that condition, so as to keep the tongue clean, the stomach easy, the bowels regular, and the urine light and free. There are no better tests for the condition of the rheumatic than the state of the tongue and the state of the urine. If the tongue be clean and the urine copious, light-colored, and only faintly acid, the system is in a favorable condition. If the tongue is coated, the bowels sluggish, and the urine high-colored, the patient is probably on the brink of an outbreak of rheumatism. In this way, it is easy to judge in each case

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what food should be allowed, and in what quantities and at what intervals it should be given. As a general rule, I might say that sweets are bad for rheumatics. Candy, preserves, sweet cake, and the rich desserts are to be avoided. This is of almost universal application. Again, heavy meals, particularly if taken at short intervals and by persons not taking much exercise, are injurious. Where large quantities of food are taken, considerable exercise is required in order that this food may be properly elaborated and assimilated. We must, however, be careful that the rheumatic patients are not reduced. If they become anæmic and run down, they become sensitive and very liable to rheumatism, and their resisting power must be sedulously kept up.

In addition to diet, it is necessary that the rheumatic patient should pay most careful attention to exercise, the state of the skin, and to dress. These patients all need regular outdoor exercise. Rheumatic patients should be encouraged to be in the open air as much as possible, and to take regular exercise, as walking, horseback riding, and gymnastics of various kinds, being careful never to overdo the matter or fatigue themselves. They should be encouraged to use cold sponge bathing, followed by vigorous friction of the skin in order to maintain a healthy state of the skin, a vigorous condition of resistance, and an active state of the circulation. All persons with the rheumatic diathesis cannot do this. Some are so sensitive that they cannot pursue a course of this kind without chilling themselves and getting more rheumatism. Such persons must be satisfied with a partial sponging and with a greater amount of dry friction. It is well for such individuals to use some stimulating article to rub themselves with. I like very much a rough towel dipped in a saturated solution of salt and dried before the fire. In this way the meshes of the towel are filled with salt. This should be used after the partial bathing. The effect which such treatment has in increasing the ability to resist atmospheric changes is marvelous. Some persons are so sensitive, anæmic, and weak, that even greater care is required. With these persons, it may be impossible to pursue the hardening plan which I have described. Such patients have to be carefully nursed and restricted to the house in bad weather. Care must be exercised in regard to the temperature of the water used for bathing. It may have to be hot water, or hot salt water. Nearly always, if done cautiously, such patients can be brought to stand a healthful and invigorating regimen. If this cannot be done, I should insist upon a change of climate. When a person cannot pursue the plan described in this climate, he should go to another.

The dress of the rheumatic patient is a matter of extreme consequence. Here, again, we have to consult individual peculiarities. There is no doubt that, as a rule, underclothing made of wool is by far the best protection against cold and damp. Some find silk of more service, and in others the skin is so sensitive that they cannot wear wool. Under such circumstances, I prefer light silk with outer garments of merino. The question of dress is a very important one with reference to women. Within the past few years women are beginning to dress more reasonably. It is only within recent years that women could be induced to wear, as they all should, merino, from head to ankles. The greatest difficulty in dealing with rheumatic troubles in women has been their almost invincible prejudice against under-drawers.

When you come to deal with such inveterate cases of rheumatism as you see here, you will soon realize the fact that medicines alone fail to reach the trouble. The symptoms may be overcome by your remedies, but in the course of a month the patient will be back with a relapse. In order to prevent acute rheumatism from becoming sub-acute, sub-acute from becoming chronic, and chronic from becoming inveterate, the chief reliance must be placed upon dietetic and hygienic regimen treatment.

ORIGINAL COMMUNICATIONS.

THE SYPHILITIC FACTOR IN DIAGNOSIS.

BY WILLIAM F. WAUGH, M.D.
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TO the general practitioner, syphilis frequently presents itself under conditions which render its diagnosis a matter of peculiar difficulty. The family physician rarely sees the primary stages of this disease. The man who has just discovered that he has a suspicious sore on his penis, is either deterred by shame from disclosing his moral obliquity to his phy-

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sician, or else he thinks that druggists, specialists, or quacks understand the management of such diseases better; and to them he betakes himself. The general practitioner has to do with the remote effects of syphilis, the phenomena which occur years after the primary attack, when the patient has almost forgotten that he ever had the disease; or else, presuming on years of immunity, supposes himself cured. No disease presents more distinctive features than a typical case of syphilis. The merest tyro could scarcely mistake it in its ordinary form. And yet, no disease is so protean, so variable in its manifestations, so liable to appear in unexpected ways and unusual situations; so that the most skillful diagnostician will sometimes be baffled by it.

Many an experienced physician has had to blush, when, after long puzzling over some obscure problem, he suddenly recognizes the old serpent in a new disguise.

The modifications in the course of the disease due to treatment, help to perplex the physician who has not had charge of the case from the beginning. The atmosphere of doubt which hangs over the statements of the patient adds to the uncertainty. He may be lying (though the untruthfulness of these subjects is exaggerated), he may be unaware that he is syphilitic; or, finally, he may believe himself to be syphilitic when this is not the case.

Very often, the history of such cases is as follows: The patient presents a group of symptoms which obscurely point to some disease. He is treated for this, but without benefit. The physician revises his diagnosis, puts together his prescription with care, sees that his drugs are reliable, but to no purpose. Suddenly, the truth dawns upon him that the case is specific, and the mystery is solved. If this occur repeatedly, he learns to look for syphilis in every obscure case which presents itself to him. Well is it for him, and better for his patient, if he do not end by *seeing* syphilis in every such case!

Persons who deal in sweeping assertions, occasionally claim that the whole human race is syphilitic; basing their conclusion on the universal depravity of man, or on the results of inheritance. They say, granting that one may not have contracted the disease himself, yet among his two parents, four grandparents, eight great-grandparents, or sixteen ancestors in the fourth remove, is it not next to impossible that one will not be found syphilitic? It is beyond question that in many ways the sins of the father are indeed visited upon the heads of the children, even beyond the fourth generation. Witness the proneness to give way to certain temptations; the peculiarities of physical and mental constitution which are hereditary. Nor would I venture to deny that in some form, though not in its own, syphilis may exert its influence through several generations.

When it appears in the child, it is usually in such a form as to destroy life; and thus the tendency is to put a full stop to the transmission of the disease. But when the victim of hereditary syphilis lives to rear children in his turn, have such offspring ever yet been proved to have inherited the disease? Recently, Hutchinson has advanced some cases which may have been instances of this sort; but the proof is by no means conclusive. It would be most interesting to trace the future history of such children, to see what diseases, and especially what cachexia, they were most liable to suffer from, and thus to learn what affections could be traced remotely to syphilis. Unfortunately, it but rarely happens that one physician attends a family through four generations. When one reflects on the stores of wisdom, gleaned from experience, which are garnered up in the brains of the man who has attended a family for two or three generations, one cannot but regret that such men must die, and their knowledge with them! How much more readily could we spare any number of specialists! But, as far as our limited vision extends, we have no reason to believe in the indefinite heredity of syphilis. Even in the original possessor the disease loses its virulence during his life. The later children of a syphilitic may not show a sign of having inherited the disease; or may manifest it in a less degree than the earlier progeny. This gradual elimination of the syphilitic poison is in harmony with natural laws.

The following cases, selected from my own practice, will serve to illustrate the unusual ways in which syphilis sometimes manifests itself:—

Case I.—A marine presented himself at the sick call one morning, shortly after the ship's crew had been on shore for "general liberty." During his forty-eight hours' leave of absence he had acquired pediculi pubis, gonorrhœa, and seventeen chancroids. One of these, on the dorsum of the penis, refused to heal as the

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others did, and in due time developed into a hard chancre.

About two months afterwards he was suddenly seized with the following symptoms: Chill; intense pallor; lips blue; cold, clammy sweat; eyes half open, the conjunctiva alone visible; voice almost totally suppressed, a husky whisper being barely perceptible; pulse at wrist absent; prostration so great that he could not lift his hand.

A hypodermic injection of morphia was at once administered, and reaction quickly followed. As it did so, he broke out from head to foot with the most furious eruption of secondary syphilis I have ever witnessed.

The occurrence of this eruption in a manner simulating that of the eruptive fevers is not very unusual; as cases have been mistaken for measles or varioloid. But the grave symptoms of collapse, as above detailed, are certainly singular in a disease which usually invades the tissues by imperceptible degrees.

CASE II.—A young gentleman consulted me for a gastric difficulty, which several physicians had failed to cure. As the symptoms were those of gastric catarrh with deficient secretion of bile, I supposed his advisers had fallen into the common mistake of treating it for atonic dyspepsia, and I rather heedlessly promised him speedy relief. But to my surprise he returned at the end of a week showing no improvement. I examined his urine repeatedly, having more than once detected renal disease underlying an obstinate dyspepsia.

But in this case no sign of Bright's disease could be detected. The remedies which were ordered proved singularly inefficacious, until I began to wonder whether they were really taken.

Jaundice came on slowly, not very marked, with a dirty, cachectic appearance. One day I noticed a suspicious spot upon the tongue. At his next visit it showed itself to be an undoubted mucous patch. On questioning him, he acknowledged that he had had syphilis, but supposed himself to be cured, as he had "been treated six months for it." The administration of mercury produced an immediate change for the better, and eventually a complete recovery.

CASE III.—A physician was called to attend a case of uterine hemorrhage. He found what he diagnosed to be a cancerous growth. It chanced that a few days previously, while performing a surgical operation, he had cut the tip of his left ring finger, and at the time he made the vaginal examination the wound was still open. Soon after, there were signs of irritation in the wound, from which red lines ran up the wrist; the lymphatics at the axilla and elbow enlarged, but not painfully. These symptoms subsided, but a few weeks later he broke out from head to foot with a peculiar eruption. When I saw the case he was covered with the eruption, which existed also in the throat. He had some fever, and was annoyed greatly by the itching, which was marked. I found the middle cervical gland to be enlarged, but not tender. The gland over the olecranon was also enlarged. On these facts I based my diagnosis of syphilis, which was somewhat strengthened by the fact that the case of supposed uterine cancer was only twenty-seven years of age, and had driven her husband from her home on account of his infidelity.

A distinguished specialist in dermatology who was called upon for his opinion, pronounced the disease of the skin a pityriasis acuminata et circinata, adding that it was a rare form, described first by Duhring, and not syphilitic. Indeed, to my diagnosis of syphilis, he answered, that every case as yet reported had been mistaken for syphilis until subsequent experience corrected the error.

The physician, who looked with abhorrence on the idea of his having syphilis, embraced the side of my friend, the specialist, and hence received no anti-syphilitic treatment.

Several months later, however, his eyes began to trouble him, for which he consulted one of our leading ophthalmologists. This gentleman immediately diagnosed syphilitic iritis, for which he treated and cured him.

Ten months after the initial lesion (six months of which he had been forced by his skin disease to pass in his room) I called on him. He had paralysis of the right facial nerve. This disappeared under mercury. A few weeks later he was seized with strabismus. He informed me then that for some weeks he had had persistent headache, located in the centre of the forehead. He had aphasia; could not collect his thoughts; could not recollect words five minutes, although he could repeat them when they were pronounced in his hearing. Two days later his right side was totally paralyzed.

This occurred less than eleven months after the first syphilitic lesion. He was at once put

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upon mercury; first, the protiodide; but this was soon changed for the mercurial pill. Of this he took from fifteen to thirty grains daily for nearly a year. The effects of this treatment were as follows: The eruption, which had persisted, slowly disappeared, although for months the stains continued to show themselves after bathing. The paralysis slowly passed away, but not altogether. He can now walk with a cane quite long distances. The aphasia passed off sooner, and completely. His digestion is perfect; the bowels open twice a day; the appetite unusually good. Mentally, he assured me that his head felt clearer and his intellectual powers greater than had been the case for years. He regulated the dose of mercury himself; aiming to take as much as possible short of inducing salivation. No bad effects of any kind occurred from the large amounts of the drug taken.

CASE IV.—A lady, widely known for her benevolence, was induced by her charitable impulses to take into her house a homeless woman, of whom she had no other knowledge than that she was needy. Some months after the woman was seized with a convulsion, the nature of which I could not ascertain. Shortly afterwards the case was referred to me. The woman seemed to be in fairly good physical health. Her complexion was not clear; her eyes had a strange look, such as is often seen in insanity. She was ill at ease; seemed unconscious of the debt of gratitude she owed her benefactor, and talked of the mission her Creator intended her for. I gave her a thorough examination without detecting organic disease of any sort. I was debating whether she were insane or malingering, when I noticed on her palm a patch of psoriasis! No other sign of syphilis could be detected; but when the question was asked, she acknowledged that she had been infected by her husband, and described correctly the symptoms she had noticed subsequently. The lady who had befriended her received a warning not to admit strangers to her home in future without first sending them to her physician.

CASE V.—A blacksmith, left in my care by another physician, was suddenly seized with excruciating pains in the abdomen. Morphia hypodermically gave temporary relief, but the pains recurred. The bowels were moved regularly, and a careful examination detected no cause for the attacks. I do not know what made me suspect syphilis, unless it were the peculiar muddiness of complexion I have mentioned in other cases; but I began the administration of mercury, and prompt relief ensued.

When his physican returned, I found that he had been first called to attend the man on account of a convulsion. This, occurring suddenly, in a middle-aged man, who never had had such a thing before, who was not uræmic, warranted my friend in inferring that his patient was syphilitic, which he found to be the case.

I have already remarked that it is well if the physician do not end by seeing syphilis in every case he meets. Men are prone to get into grooves. One man sees nothing but digestive troubles; the patients of another have always renal disease. The specialists refer every abnormal sensation to their favorite regions, and some gynæcologists seem to be unaware that there are any other organs in a woman's body besides the womb and its appendages. So, also, physicians who see many cases of syphilis are apt to refer every case to it. I subjoin a case of this sort which came under my notice.

A young wife had during the five years of her married life grown gradually weak. She had had a very doubtful miscarriage, and her husband acknowledged having had syphilis many years previously. On the strength of this she was pronounced syphilitic by a physician who had enjoyed a very large practice in that disease. Three months vigorous mercurial treatment left her much weaker, with no improvement in any respect.

She was then sent to me by her physician for a diagnosis. I found her profoundly anæmic. Her blood showed great deficiency in red corpuscles when examined with Hayem's complete globule. Exhaustive examination failed to detect disease in any organ, capable of producing the anæmia. Digestion was fairly good, appetite good, bowels costive. Her weakness was so great that a walk of a square was the limit of her strength. There was no evidence or history of iritis, syphilitic rheumatism, sore throat, eruptions, or enlargement of glands.

The anæmia antedated the supposed miscarriage, and even her marriage. Little improvement followed the discontinuance of the mercury. The only other feature in the case was an eruption resembling chloasma on several parts of her body.

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The case was clearly not syphilitic. Excluding all other possible causes for the anæmia, I was forced to the conclusion that it was a case of Addison's disease, and I afterwards found that the attending physician had arrived at the same diagnosis independently.

HYOSCINE HYDRO-CHLORATE AND SOME OF ITS PHYSIOLOGICAL ACTIONS, THERAPY AND ANTAGONISTS.

BY G. W. MANN, M.D.*

THE drug which I have under consideration is one whose history is scant; in fact there is but very little in the English medical literature to guide one in its use. My notice was first called to it through the reading of a paper by Dr. Wetherill at a meeting of the Neurological Society, of Philadelphia, in the month of October, 1885. This important therapeutical agent was discovered by Landenberg, of Germany, who was likewise the first to investigate its properties. Hyoscine is prepared from the alkaloid hyoscyamine by treating it (the hyoscyamine) with Baryta water. The alkaloid thus obtained is, in its pure state, volatile and perishable. It is therefore necessary for its preservation and use to combine it with an acid, which combination forms salts of moderate pharmaceutical stability. The salts of hyoscine, which at the present are obtainable are the hydrochlorate, hydriodate, hydrobromate, and sulphate. Owing to the small demand which has been created by the limited use which has been made of it by the general medical practitioner, its salts are hard to procure. Its best preparations are those made by Merck, and the hydrochlorate can be obtained from Mr. Belt, of this city. It is this salt of hyoscine to which my experience has been exclusively confined. When seen under a microscope of low power it somewhat resembles in looks and outline tapioca. It appears to be without any definite form of crystal, and looks as though it had been stirred while evaporation or precipitation were taking place. It is opaque, and when exposed to the air is deliquescent, but not efflorescent. It is freely soluble in water. The dose is from $\frac{1}{120}$ to $\frac{1}{60}$th of a grain. I will state here, that while I have found reasons to differ in opinion, and somewhat conflict in observation with the views of those who have used the hydrobromate, I do not think it is because the observations were wanting, but from the reason that the different kinds of acids used to form its salts give different physiological results.

The next point under consideration is some of its physiological actions. The first time I used the drug was in a typical case of melancholia, for the relief of the insomnia which was present and persistent. Patient's age forty; sex, female. The dose administered was the $\frac{1}{120}$th of a grain at bedtime, the administration of which was followed by five hours' sleep. Now, I had been in the habit of giving this same patient sixty grains of pot. brom. combined with one-quarter grain of morph. sulph., and even with this large dosage the patient would receive but from three to five hours repose. Before saying anything further, allow me to call your attention to my own case, and the effect produced by the $\frac{1}{120}$th of a grain of the hydrochlorate. Before taking the drug my pulse was 90, which is normal for me. Temperature normal, respiration 20, pupils normal. Eight minutes after taking the drug the pulse was 94; respiration 24, quick; pupils unaffected. There was a slight glow, a feeling of warmth, with a sparingly increased flow of saliva. Within twenty-five minutes the pupils were moderately dilated, the pulse normal again and the respiration 20 a minute. During the stage of excitement there was likewise present a feeling of well-being. After a half hour had elapsed I began to feel drowsy and sleepy, which feeling I gave way to, and retired. To do this I was compelled to walk from a lower to an upper room, by the time this had been accomplished the drowsiness had disappeared, but after lying quiet in bed for a few minutes the feeling gradually returned, and within ten or fifteen minutes I was asleep. I experienced no inconvenience in locomotion, there was no perspiration, and the voice remained normal.

This, in some respects, is quite a different action to that produced by the $\frac{1}{120}$ of a grain of hyoscine hydrobromate, taken for experiment by Dr. Wetherill, "for," says Wetherill, "forty-five minutes after taking the $\frac{1}{120}$th of a grain of hyoscine hydrobromate, the pupils were moderately dilated, the voice hoarse, face suffused, conjunctiva injected, temperature 99½, respiration 16 per minute, which was formerly

* A paper read before the annual meeting of the Delaware State Medical Society, at Wilmington, Del., June 8, 1886.

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20, the pulse 64; impaired coördination, with a feeling of wretchedness and a copious perspiration."

On one occasion, and in the case of melancholia before referred to, the patient was ordered $\frac{1}{60}$th of a grain of the hydrochlorate at bedtime, which was followed by the $\frac{1}{120}$th within an hour. The reason for this was from the fact that she was more excited during the day than usual, which excitement was due to the appearance of her monthly flow. The $\frac{1}{60}$th was given at 10 o'clock P.M., her usual bedtime, but, as she could not be persuaded to go to bed, on account of the fears she had of sudden death, saying if she did go to sleep she would never awake again, and, as she continued to persistently walk her apartments and thus fight off sleep, I thought it best to give her an additional dose of a $\frac{1}{120}$th, providing it was necessary.

Some time after taking the first dose she became quieter, and when the hour had expired she was in bed, but awake. The $\frac{1}{120}$th was given, and she was soon in the arms of Morpheus. About 3 o'clock in the morning the family was aroused by a noise below, and upon going down stairs the patient was found staggering about the room much after the fashion of a man who has just arrived from his club, and is trying to make as much quiet noise as possible. I was sent for, and upon examining the patient found her temperature normal, pulse 76, respiration I did not take, pupils dilated. The voice was not hoarse, but articulation was impaired; there was impaired coördination, in fact, her whole general appearance and actions were those of a drunken man. This condition was not followed by any perspiration, as far as I was able to ascertain from the statement of the patient, and likewise that of her mother. I had her returned to bed, and within ten minutes she was asleep again, and continued so to remain until 8 o'clock the next morning, when all the effects of the drug had disappeared, except the dilated pupils, which also had gone by 2 o'clock in the afternoon.

Another female patient of the melancholic type, who was unable to sleep, took by mistake on her part, the $\frac{1}{30}$th of a grain. The dose was taken about 11 o'clock P.M. She conversed with her husband for awhile and then fell asleep. At or near twelve o'clock the husband was aroused from his slumbers by her head falling upon his face, and upon speaking to and otherwise trying to arouse her, he received no reply, but, upon turning up the light, he noticed that she was lying in a cramped position, with her knees drawn towards the chin, and that she had convulsions. When I reached her bedside, I noticed choreaic movements, or convulsions, resembling those produced by strychnia; these movements would last about three minutes, and recur at short intervals, but they were unlike those of strychnia in not being excited by touching or pinching the patient. The pupils were widely and fully dilated, the pulse 72 and compressible, the respiration 14. I do not know the temperature, as I did not have a thermometer with me, but the extremities felt cold to the touch. There was a complete loss of voice. The convulsions had disappeared within an hour, and I was enabled to tell, by holding my ear close to her mouth, some few things she said, such as "water." After the convulsions had disappeared and the voice had become more distinct, there were illusions and hallucinations. The muscular system was in a complete state of paresis; but, while all these alarming symptoms were present, the heart remained steady, there was no alteration in its rhythm, no intermission whatever, either half or complete, and the respiration was but very little lowered. The faculty of comprehension, although impaired, was sufficiently preserved to comprehend the meaning of a request. Again, she could be aroused with but very little effort. On the following morning she was able to walk about her room, and by the time the evening hour had arrived all signs of the drug had gone.

Now, in summing up the physiological actions of the drug as studied from the cases mentioned, we have a remedial agent, which, when taken in small doses and dissolved in water, makes very little, if any, impression on the sense of taste. It diffuses into the blood with rapidity, causing at first a slight increase in the pulse rate and respiratory movement, the respiration being increased in greater proportion than that of the pulse.

There is a feeling of warmth, a glow, which is caused, no doubt, by a greater amount of oxygen being taken into the lungs by the increased respiratory movement. There is a sparingly increased flow of saliva, with a feeling of well-being. This is the stage of excitement, and, after it has passed, the pulse and respiration are normal again. The pupils, how-

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ever, remain dilated by its action upon the sympathetic, which nerves pass through the ophthalmic ganglia to the ciliary muscles and axis. Its action upon the vaso-motor nerves is, no doubt, the cause of its hypnotic, or sleep-producing properties. These nerves govern and control the calibre of the bloodvessels, therefore by its action upon this system it causes a contraction of the arterioles, and the amount of blood supply to the brain is diminished. The sleep produced is calm, dreamless, and refreshing. It is unlike the sleep of a narcotic, as the patient can be easily aroused, and will quickly and without difficulty fall asleep again. There is no nausea or constipation produced by it, no habit is formed, and, unlike most drugs of its kind, whether they be hypnotic or narcotic, that condition of things known as tolerance is not established. Some other of its cerebral effects when large or full doses have been taken are marked and noticeable. Its action upon the muscular system, causing an incoördination and paresis, is no doubt due to its effect upon the motor nerves, whose normal excitability it suspends, chiefly producing the effect mentioned. The convulsions which result from a large dose are spinal, for, in the case mentioned, where convulsions occurred, I did not notice any twitching of the muscles of the face, but they were more particularly confined to the hands and forearm, with a tendency to draw the knees towards the chin. It, therefore, excites an aggravated reflex sensibility of the nerves, supplying the muscles concerned in the movement. The sensory nerves are also affected by large doses, so far as slight irritation is concerned, such as pinching, pricking the patient with a pin, or pulling the hair. The sense of hearing is somewhat diminished, but by speaking to the subjects in a raised voice, which need not be of a high pitch, they will understand and comprehend the meaning of a request. The voluntary muscles are not affected. Hyoscine hydrochlorate is in all probabilities eliminated by the kidneys, as I have seen no case in which the bowels were disturbed or the skin acted upon. It may, however, be eliminated by the breath, as the alkaloid when free is very volatile.

Therapeutically, hyoscine and its salts are a boon in the treatment of the insane, either in the stage of excitement or as a hypnotic. It not only has gained for itself the reputation of being the best drug to use in the insomnia of insanity, but I have received good results from its use in sleeplessness, no matter from what cause it may arise. The insomnia of alcoholism is with its use, as a rule, quickly dispelled. In these cases it will give better results if the portal circle and alimentary canal are unloaded previous to its use.

An habitual drunkard, who after a prolonged debauch was tremulous and unable to sleep for a period of five days, was given in six hours, and in divided doses, the $\frac{1}{100}$th of a grain. In a few hours after it had been taken he fell asleep, and so continued to remain for eight hours, while the tremulous condition and "horrors" had disappeared before. The insomnia did not return. This patient told me that he never had in his whole experience with alcoholic stimulants received such quick and permanent relief from medicine. It is comparatively free from danger in this class of cases, where, from the habits of the individual, there are reasons to suspect a fatty heart.

In the treatment of hysteria it is a boon. In a case which came under my notice, the symptoms simulated hernia to such a degree that I thought she was the victim of a concealed hernia. I gave by the hypodermatic method three-quarters of a grain of morphia sulphatis, guarded with atropia, all within an hour and a half, without relief or abatement of the symptoms. I then resorted to the use of chloroform, a few inhalations of which brought the return of her senses, and she pleaded with me not to give any more, her reasons being that she had near died in a dentist's chair from its effects.

The next time I was called, which was within a day or two of her period, the same symptoms were present. I used the hyoscine hydrochlorate. The $\frac{1}{60}$th of a grain dose was sufficient to cause sleep within twenty-five minutes, and the hernia, which had only existed in her mind, was reduced before this time.

In hypochondriasis, attended with excitement, the $\frac{1}{60}$th of a grain dose will antagonize the condition present and produce a quiet state of things. This same dose will, in the majority of cases, if given at bedtime under the above circumstances, produce sleep.

In a case of gastritis of the chronic type, where the patient had been unable to sleep for months, that is to say, without the use of large doses of opium, etc., was given $\frac{1}{150}$th of a grain of the

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hydrochlorate regularly at bedtime, and after a period of fourteen days he was able to gain the normal amount of sleep without any further use of drugs. In this case the habit was broken up, the only bad results being the continued dilatation of the pupils, which remained four or five days after the withdrawal of the remedial agent.

Some of the effects of hyoscine are antagonized by chloral. In the case mentioned where the $\frac{1}{30}$th of a grain was taken, by a mistake on the patient's part, producing convulsions, loss of speech, illusions, and hallucinations, chloral was used in ten-grain doses every fifteen minutes until the convulsions had disappeared, which was within an hour after the first dose of chloral had been given. After the convulsions were suspended the chloral was given in ten-grain doses every hour until ninety grains had been taken. Now the chloral antagonizes the hyoscine by diminishing the excitability of the spinal nerves, while hyoscine excites and aggravates them. It seems to me that when an excessive dose has been taken, that is, one sufficient to produce death, animation would be suspended by failure of the respiratory apparatus, for both in large and small doses the hydrochlorate acts with more force on the respiratory movement than on the heart. Under these circumstances faradism, so applied as to excite the muscles concerned in the movements of respiration, would go far to prevent death by antagonizing the action of the hyoscine.

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ON THE NECESSITY FOR ADDITIONS TO THE MEDICAL JURISPRUDENCE OF MENTAL DISEASES.

BY EDWARD C. MANN, M.D.

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THE true clinician and practical alienist has the liveliest interest in procuring for medico-legal science that influence for the consideration of the mental condition in the adjudication of legal questions which it ought to receive, considering the great progress made in psycho-pathology. There is a very gratifying disposition on the part of judges of United States Courts to-day not to withhold their confidence from the psychological deductions of practical alienists; and a tendency not only to direct the psychiatric expert to explain the disturbed mechanism of the mental process, but also to abide by his opinion whether the accused was suffering from incapacitating weakness or derangement of mind caused by disease. We would express as strongly as possible our opinion that the loss of self-control caused by mental disease ought to remove responsibility.

When we are called upon to give an opinion before an inquisition, it is as to whether a man is capable of taking care of himself and his affairs. Respecting testamentary capacity, whether a man was capable of making a reasonable will, and in criminal trials, whether the act was the product of mental disease.

It will be our object in this paper to lay down a series of propositions as to what constitutes incapacity, and as to what the real test of irresponsibility is. The medical profession have sufficient power and influence, if they would unite, to make a radical change in the rules which constitute the law of insanity in relation to crime.

The present law of New York and of many other States, makes the want of ability to discriminate between right and wrong the test of mental unsoundness. Nothing could be more absurd and unscientific, and unreconciled to the present state of medical science. Especially in the late case of Dr. Beach, of Towanda, Pa., do we see a miscarriage of justice in condemning to death a man who was as clearly out of his mind, according to the history of his life, furnished by the writer to the governmental authorities of that State in an effort to save his life, as any of the patients confined within the walls of any asylum in the State of Pennsylvania. There was a remarkable hereditary predisposition to insanity in the prisoner's ancestors, on both the paternal and maternal side. Dr. Beach had twelve blood relatives insane or idiotic. He had been markedly insane since he was eighteen years old. The writer made the strongest personal appeal for Dr. Beach's life, and also obtained from several physicians of good standing certificates of their treating Dr. Beach while insane, but it availed nothing.

After the execution the brain was removed and sent to Dr. C. K. Mills, of Philadelphia, and the result of his examination confirmed the life history of the man.

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We are glad that there is one judge in the State of Pennsylvania, Hon. H. J. Reeder, of Easton, who is enlightened enough when such unfortunates are brought before him to charge the jury that "if the act was the product of mental disease, they should return a verdict of not guilty on the ground of insanity." We trust the time is not far distant when every judge, in every State, will charge substantially the same thing. A man may know right from wrong, and yet he may be perfectly insane, and laboring under such a degree of mental disease that he is utterly unable to resist or strive against his impulses.

Judicial decisions will never obliterate the facts of psychiatry. A punishable action does not exist, if at the time the action takes place the perpetrator is in a condition of unconsciousness or disturbance of mind by disease, which would exclude a free determination of will. A sane man is one whose senses bear truthful evidence, whose understanding is capable of receiving that evidence, whose reason can draw proper conclusions from the evidence thus received, whose will can guide the thought thus obtained, whose moral sense can tell the right and wrong of any act growing out of that thought, and whose act can at his own pleasure be in conformity with the action of all these qualities. All these things unite to make sanity. The absence of them is insanity.

These rules should be accepted by the light of our modern mental pathology as amendments to existing laws:—

If the jury in any case believe, from all the evidence in the case, that a given act was committed by the prisoner in a state of insanity, they should acquit him on that ground.

To connect threats with an overt act, the jury must find that they were uttered maliciously, seriously, with the intent to execute them in accordance with the purpose expressed by the prisoner in a state of sanity; and that the overt act occurred in pursuance of those threats.

Under any circumstances the jury must find, in any given case, that any threats and acts in question were the product of a sane mind.

If there is a lack of malicious purpose, of depravity of heart and a diseased understanding or will, there is a lack of the essence of crime.

When there is a defect of mind the will does not join with the act. If disease of the body affecting the mind deprives a person of a determination of his choice to do or to abstain from a particular act, there is loss of responsibility entailed in that person by reason of physical disease, viz., insanity.

The primary part of any case of the prosecution, in any case where insanity is alleged as a defence, to be established to the satisfaction of the jury beyond any reasonable doubt is, that a person accused shall be possessed of an intact intellect, shall have shown evil design, and that he has not been deprived by disease of the power of choice, or of moral liberty, and that the act was not the outcome of disease; and the sanity of the prisoner's mind is to be made out affirmatively by the prosecution as a part of their case.

Disease of the mind may deprive a man of understanding or of liberty of will, and may make him, therefore, incapable of appreciating the obligation of law, and should deprive him of his liability to punishment for violating laws which, by reason of diseased intellect, emotion, or will, he may not have the capacity to obey. In respect to a given act, such a man has not the normal consent of his will. Lord Hale says: "The consent of the will is that which renders human actions either commendable or culpable; as where there is no law there is no transgression, so, regularly, where there is no will to commit an offence there can be no transgression or just reason to view the penalty or sanction of that law instituted for the punishment of crimes or offences; and, because the liberty or choice of the will presupposeth an act of the understanding to know the thing or action chosen by the will, it follows that, where there is a total defect of the understanding, there is no free act of the will in the choice of things or actions." Therefore, no man can commit a crime unless he has the control of his will. An unwarrantable act without freedom of will is no crime at all.

An individual should be exonerated from liability for his act where, although he knew right from wrong, he was overborne by an impulse he could not control—where he saw the wrong, perhaps, but had no power to abstain from the act.

In any given case, even if the evidence as to the insanity of an individual should leave it in doubt as to whether he was insane or not at the time of the commission of the alleged act, the individual is entitled to an acquittal. If the

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jury entertain a reasonable doubt as to the perfect sanity of an individual at the time of the commission of the alleged act respecting such act, they are bound to acquit him.

If an individual is, as the result of disease, temporarily thrown into a state of excitement in which he is divested of his reason and judgment, and is deprived of his mental power to an extent placing him beyond the range of self-control in reference to the particular act charged against him, so that he could not possibly restrain himself from the commission of the act alleged against him at the very time of its commission, he is entitled to an acquittal. Was he, at the very time of the perpetration of the deed, rendered by disease incapable of reasoning upon what he did, or of refraining from the commission of the deed?

In moral insanity, or affective insanity, the affections, passions, and emotions are affected by disease, while the intellect may be, as far as we can discover, unimpaired. The mental diseases to which these terms of moral or affective insanity are applied, are real, undoubted diseases of the mind, controlling human action. Bucknell and Tuke, of England, in their manual of psychological medicine so held.

The knowledge of right and wrong with regard to any particular act is no test at all of insanity or mental responsibility. Fully one-half of the insane in asylums to-day perfectly appreciate this difference as well as sane persons do.

"No act done by a person in a state of insanity can be punished as an offence, and no insane person can be tried, sentenced to any punishment, or punished for any crime or offence while he continues in that state." (See Revised Statutes.)

Insanity being thus established as an absolute bar to a criminal prosecution, which forbids responsibility for a crime or offence committed while in that state, it is immaterial how long the insanity exists before or after the commission of the act. It is enough that it existed at the time of its commission. If mind is obliterated or diseased for any length of time, however short, it is a good reason for recognizing unaccountability.

If some controlling disease is the acting power within any individual which he cannot resist, that individual is not responsible. We must remember that the moral as well as the intellectual faculties may be so disordered by disease as to deprive the mind of its controlling and directing power.

Judge Edwards has said, "In order to constitute a crime, a man must have memory and intelligence to know that the act he is about to commit is wrong; to remember and understand that if he commits the act he will be subject to punishment; and reason and will to enable him to compare and choose between the supposed advantage or gratification to be obtained from the criminal act, and the immunity from punishment which he will secure by abstaining from it. If, on the other hand, he has not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are so deficient that he has not sufficient will, conscience, or controlling power, or, if through the overwhelming violence of mental disease his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts." It will be seen that the learned judge had very correct conceptions of mental pathology, as in these remarks he includes intellectual insanity, moral or affective insanity, and temporary insanity. He correctly recognizes that the perception, emotions, and the will may be affected as distinct from the intellect. Also, that the absence of the power of self-control, the result of disease, is an essential element in responsibility.

There should be immunity resulting from a recent or sudden cause, which may deprive an individual of the power of choice, of moral liberty, or of mental freedom in regard to a given act.

In a given case, if an individual at the very time of the commission of an act alleged against him, from causes operating for a considerable length of time beforehand, or recently or suddenly occurring, is mentally unconscious of the nature of the act in which he was engaged, he is legally irresponsible for it. The state of mind at the time of an act is to be looked at in determining the character of such an act. To put such a test to a jury as the ability or capacity to distinguish between right and wrong is no standard as to whether a man is or is not sane or insane. Most of the insane, when they commit crime, are carried away by ungovernable feelings, and most of them can distinguish between moral right and wrong. They are, nevertheless, totally irresponsible, criminally, for their actions.

When the mind is in a state of frenzy a man

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is deprived of his moral liberty, is deprived, by the uncontrollable influence, of all control over his will. The intellect may condemn an act which the will is powerless to restrain.

[Continued in September number]

CONGESTION OF THE BRAIN.

BY J. S. BEAMENSDERFER, M.D.

THE following case is reported to show the length of time life may be preserved in an unconscious state, with neither food nor drink:—

Mrs. F., aged 70 years, was found in the yard attached to her house in a prostrate and semi-comatose state, at seven o'clock on Tuesday morning, April 14, 1885. She was aroused with difficulty, and when spoken to answered incoherently, saying that she became dizzy and fell. Assistance was obtained, and she was taken to the house, and, finally, to bed. She rapidly became more and more comatose, and later in the day, when I was called in, she was fully unconscious. I tried to get her to swallow but without avail, even when water was dropped on the back of the tongue, she made no effort to swallow. She vomited frequently during the first day and night. Pulse was round and full, but very feeble and slow the first day, and gradually increased in frequency and decreased in volume until the sixth and seventh days, when it became very small and feeble, so much so that it could scarcely be felt at all.

Respiration was labored and but slightly stertorous and exaggerated. Mouth wide open and nostrils dilated. Temperature elevated and varied, being higher in the right axilla at first, and finally lower, as can be seen in the following table, which I deem very interesting as showing the changes of temperature that took place in regard to both axilla:—

TEMPERATURE.

DAY.	HOUR.	RIGHT AX.	LEFT AX.	RESP.	PULSE.
1st.	6 P.M.	101	100	25	64
2d.	9 A.M.	100.5	100.5	26	68
2d.	7 P.M.	99.5	98.8	26	92
3d.	9 A.M.	98.8	99	20	96
3d.	10 P.M.	99.3	99.5	20	84
4th.	9 A.M.	98.8	99	22	96
4th.	9 P.M.	99	99	22	100
5th.	9 A.M.	99	99	23	88
5th.	7 P.M.	97.8	98.8	21	90
6th.	10 A.M.	97.8	98 5	22	100
7th.	9 A.M.	99	99.8	30	129
7th.	7 P.M.	99.5	100.3	33	116
8th.	7 A.M.	100.3	101.3	38	132

Eighth, 4 P.M., died; one hundred and seventy-seven hours from the time she was found in the yard.

The right side was paralyzed; the face and tongue were drawn to the left. Although there was complete muscular relaxation, feeble movements could be excited during the first and second days. Free perspiration and a free action of the kidneys were present. Urine passed involuntarily in large quantities. Both pupils were minutely contracted, and her eyes were deeply injected. Severe conjunctivitis developed on the third day. An autopsy was asked for, but refused.

PENN, PA.

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Displacement of the Tibia on Right Side, Outwards and Backwards, as Result of Disease.—Margaret C—, age 16, was admitted on January 24th with the following history: Nine years ago she fell down stairs, but did not call attention to it, and it was only when her leg began to swell that her mother noticed it. Six months later, the leg continuing bad, she was taken to Kings College Hospital, where she remained under treatment two months; when she left the hospital her leg was straight but she was unable to walk without crutches. She gradually, however, recovered strength in the limb to some extent, but in trying to dispense with the crutches the right leg became bent, and this increased as time went on, but she had no further advice. Patient was born and brought up in London, and says she has always had sufficient food and clothing. Her brothers and sisters are healthy. She has not yet menstruated. On taking measurements, the distance from the head of the fibula to the external malleolus, on the right side was twelve and a half inches, and on the left sixteen inches. From the internal malleolus to the tip of the big toe, right side seven inches, left side seven and three-quarters inches, while from the anterior superior spine of ilium to sole of foot, right side thirty-three and a half inches, left side thirty-seven inches. The right leg was of less size generally. The patella is fixed on the right side, and the tibia is displaced outwards and backwards, and the inner hamstrings are

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very tense. Patient can flex her leg to a little beyond a right angle, and can extend it to an angle of ninety degrees. There is no fluctuation, and very little pain. Temperature normal. On February 7th, patient being under the influence of ether, Mr. Bloxam made a small incision just along the external border of the patella, when he found it was firmly adherent to the external condyle of the femur, but after a little trouble it was shifted, and an attempt was made to straighten the leg, but this did not succeed, owing, it was thought, to the contraction of the hamstring tendons, so tenotomy was performed, and another attempt made to put the leg straight, but again did not succeed. Mr. Bloxam then continued his external incision, converting it into a semilunar incision and excised the knee-joint, afterwards wiring the tibia and femur together with metal sutures. The wound was then sewn up with horsehair and drainage-tubes put in, the whole operation being performed under strictly antiseptic precautions, and an antiseptic dressing applied. In the evening recurrent hemorrhage set in, and Mr. Bloxam had to be sent for, a tourniquet was placed on the common femoral artery, and ice-bags applied to the knee. Some six ounces of blood escaped. The dressings were then reapplied, and an ordinary T-shaped splint. Temperature next morning 101° Fahr. Pulse 120. 9th.—The dressings were removed again to-day, and some blood was still present. 11th—Temperature this morning 102.6° Fahr.; tepid sponging ordered. Patient complained of a good deal of pain in site of operation. 12th—Pain is less, and the temperature is now 99° Fahr. Patient looks brighter. 15th—Temperature 100.2°; the wound was redressed this afternoon and some of the stitches removed. There is a good deal of discharge from the wound and some slight pain. Tongue is furred with red papillæ. 19th—To-day Mr. Bloxam fixed the leg in position by means of bags of plaster of Paris. The drainage-tubes were discontinued. The leg feels more comfortable. 25th—The wound was redressed yesterday afternoon, and a pad of lint was placed under the heel. The wound looked quite healthy and sweet. Temperature 100° Fahr.; pulse 116. March 8th—The wound is now almost completely healed. Patient was discharged on the 15th.

Urethral Calculus; Stricture of the Urethra Posteriorly; Lithotomy Performed Five Years Previously.—Edward S—, aged 34, laborer, was admitted on November 7th. He had gonorrhœa when sixteen years of age, which was cured, and on one occasion a stoppage of the water was relieved by the passage of a small stone. Three years later he contracted a second attack of gonorrhœa in China. Eighteen months afterwards he was in the hospital for three months with pain in the region of kidneys, relieved when vomiting was induced. In 1877 he went into the hospital at Montreal, on account of a difficulty in passing water, when, on examination, a stone was detected in his bladder. He was operated on, and a stone about the size of a walnut removed. He returned home in December of that year and then drank freely. He noticed that he was unable to hold his water more than a short time, and on passing it, felt a pain in the urethra and at end of penis. He has a penile fistula, which was left after the operation, and water often escapes by that aperture, preceded by a yellow discharge. 9th—Examined under ether, a stone was discovered impacted in the urethra, which on removal was seen to be about the size of a small bean. A stricture which was situated behind the stone was divided and a No. 9 silver catheter left in. Evening temperature 101.4° Fahr. 11th—Carbolic acid dressing was applied this morning. The silver catheter came out in the evening, and was replaced by a No. 6 gutta percha. There is not much discharge, and the wound appears to be healing rapidly. Temperature 100.8° Fahr. 13th—Patient complains of feeling thirsty, but he has slept well. His urine contains a small quantity of albumen. Temperature 102.4° Fahr. The abscess increased rapidly in size since yesterday, and to-day discharged a considerable quantity of sanious pus. 14th—He complains of great pain in the hypogastric lumbar regions, and occasionally in the back. The abscess is still discharging freely, and there is some scalding on micturition since the catheter was removed. His urine has specific gravity 1010, alkaline, and contains mucus and pus. 15th—The patient was anæsthetized this morning, and a silver, No. 9, catheter introduced. He felt much better after this was done, the pain and tenderness being much less. 21st—He has been much better the last few days, and has no pain whatever. No urine passes from the wound, and the catheter has remained in. 29th—The patient complains of pains between the buttocks.

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The urine is quite clear and the wound discharges a small quantity of healthy pus.

The wound ultimately healed up and the patient was discharged on December 15th.

Sloughing of Dorsum of Foot after Injury.—Benjamin S—, aged 42, packer, was injured ten days ago by a packing case falling on his foot. He took no notice of it at the time, but about a week later he could not get his boot on because of the swelling. He applied to his club doctor, who at first told him to poultice it, and subsequently cut into it and evacuated a quantity of pus. From this incision the skin gradually sloughed away and spread until, at present (March 12th), the whole of the outer side of the left foot is covered with blackish sloughs mixed with pus. There is an aperture in the lower and outer part of the foot filled with necrosed tissue. The foot was washed with warm boracic lotion, and as much as possible of the sloughs removed. 14th—The surface from which the skin has sloughed is granulating, and the process does not appear to be spreading further. The patient looks well and has a good appetite. 20th—The patient's general condition continues good and he sleeps well. The granulation is going on satisfactorily. 26th—This morning his temperature went up to 103.5° Fahr., and he looked flushed. He perspired freely, and his urine was scanty and thick. 28th—The temperature is still high, and red lines are visible in the course of the lymphatics on the outer side of the limb. Patient is thirsty, but says he feels well otherwise. April 1st—Patient died to-day from exhaustion.

Compound Comminuted Fracture of Lower Third of Left Tibia and Fibula; Delirium Tremens; Extensive Sloughing of Wound; Death.—Henry A—, aged 40, potman, was admitted on November 4th, having fallen down stairs. He was found to have a compound comminuted fracture of the tibia and fibula at their junction with the lower third. The upper fragment protruded about an inch and a half through a wound the size of a shilling. The displacement was remedied, and the limb put up on a back and side splints, the wound being dressed antiseptically. 5th—The dressing was changed this morning, his temperature last evening was 99.4° Fahr.; pulse 132. Patient is very tremulous, excited and nervous. He wanders rather in talking, but will answer sensibly when questioned. His tongue is furred and his hands are tremulous. He was ordered ℥xv of liquor opii sedativus night and morning. 7th—The antiseptic dressing was changed to-day. Several large bullæ had formed over the surface of the leg, which were opened. Mr. Bloxam saw the patient in the afternoon, and, as the limb was very tense and œdematous, he made six or eight incisions into it. The patient did not seem to notice any pain, and appeared drowsy. Temperature 101.4° Fahr. 8th—A slough formed in the wound, and was removed, exposing the lower end of the upper fragment. The patient seems a trifle better to-day and answers questions. Temperature 102.6°. 9th—The patient is very weak, and a large triangular slough was formed around the original wound, which is dressed with warm carbolized gauze every four hours. Temperature 101.8° Fahr.; pulse 138; respiration 40. 10th—On removing the slough, the seat of the fracture became visible. It extended right across at the junction with the lower third, and a large fragment was splinted off the inner side of the upper fragment. The cavity was syringed out with carbolized water and the dressing reapplied. 11th—A large slough is forming on the outer side of the ankle; the patient is evidently sinking and is very weak. His breathing is at times quite stertorous. 12th—The slough over the ankle was opened and a large amount of discharge set free. A similar slough is beginning to form on the inner side of the ankle. The pulse is almost imperceptible. 13th—The toes were quite cold this morning and of a purple color. The leg was removed from the splint and wrapped in wadding. The tongue was covered with a thick brown fur, and sordes are forming on lips and teeth. The patient died at 3 P.M. At the *post mortem* examination the fibula was found to be fractured in two places, above, two inches below the head—comminuted; and below, about an inch above the malleolus, also extensively comminuted. The fracture of the tibia has already been described. There were no signs of pyæmia, death being apparently due to exhaustion from the injury, intensified by the delirium tremens.

Ankylosis of Knee-Joint; Forcible Flexion.—Sarah W—, aged 33, married, was admitted on the 10th of September with the following history: Eight years ago she suffered from inflammation of the bursa patellæ of both knees, the right knee however recovered. Some time

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after she fell down stairs, straining her left knee, which was still imperfectly recovered from the previous inflammation. The injury was treated by a doctor at the time, but ever since the joint has been growing larger, and is both painful and tender. When she stands upon it, it rapidly swells even more than at present. At first she was able to move her leg easily, but the power was gradually lost, and now only very slight movement is possible either way, the ordinary position being one of slight flexion.

After a day or two of rest in bed the swelling went down, but the joint is very hot and tender. The patient was placed under chloroform and the leg forcibly extended. This proceeding was followed by a good deal of pain and swelling of the joint. 26th—The knee is still swollen and very tender, the slightest movement causing considerable pain; the joint was therefore wrapped in cotton-wool and a plaster-of-Paris bandage applied. 28th—No pain at present except on being moved; patient is able to get up for an hour or two in the afternoon. 30th—Passive movement is to be carefully resorted to every day. October 10th—The patient was discharged with a very fair amount of movement in the joint, which was free from pain.

Case of Comminuted Fracture of the Lower Jaw.—John P—, aged 42, cab driver, fell off his cab about five weeks ago, and the wheel passed over the left side of his face, obliquely, fracturing the lower jaw in two or three places. It was set in the accident room, and he attended regularly for some weeks, but, as it did not appear to be progressing satisfactorily, he was admitted into the hospital on March 17th. There is a good deal of swelling on the right side, and beneath the chin fluctuation appeared to be perceptible. The patient's breath is very offensive. 21st—A small incision under the chin, made this morning, allowed a small quantity of pus to come away. 25th—There is some swelling on the right side of the face and neck, with signs of commencing erysipelas. The patient was therefore put in a special ward. Temperature 103° Fahr. He has had some shiverings, not actually amounting to rigors. Pulse 110; hard and firm. 27th—The erysipelas has spread all over the face as far back as the ears. Patient did not sleep at all last night, but has no difficulty in swallowing. 29th—The face was ordered to be painted with tincture of the perchloride of iron. There is some œdema of scalp, and the patient appears drowsy. 30th—The swelling is very much less to-day, but patient complains of feeling ill all over. He has some tightness in breathing, and at times can scarcely speak. Temperature 100.6°. Pulse 95; hard and firm. April 8th—Patient has now recovered from his attack of erysipelas. A central incisor was removed to-day, as it was lying loose in the fracture at the symphysis, and prevented the fragments uniting. 20th—The swelling at the angle of the jaw has been increasing in size, and yesterday a large quantity of pus was evacuated. Patient is very hoarse to-day, but a slight congestive condition of the fauces and palate was all that could be seen. 27th—Poultices are being applied to the incisions at the angle of the jaw, and there is a good deal of discharge. Endeavors have been made to secure apposition of the fragments by wiring the teeth, but no satisfactory result was obtained. The gutta percha splint was reapplied. May 8th—The teeth have been secured together by means of a fine cord, and the fragments appear inclined to unite. 10th—He was made an outpatient to-day, as matters seem to be going on all right, and there is every hope of proper union. This patient subsequently made a good recovery, with perfect union.

THERAPEUTIC NOTES.

ALOPECIA AREATA.

℞. Tinct. capsici . . . ʒij.
Tinct. cantharides . . ʒiss.
Spts. frumenti . . . ʒiv.
Aquæ rosæ . . . . ʒiv.
M. Ft. loti.
Sig.—Rub into the affected area night and morning.

ANÆMIA.

Dr. Thomas M. Nolan (Provincial Medical Journal) recommends—

℞. Acidi arseniosi . . . gr. ss.
Ferri sulphatis . . . gr. xx.
Quinia sulphatis . . . gr. xx.
Ext. nucis vomicæ . . gr. v.
Ext. gentianæ . . . gr. xx.
M. Ft. pilulæ No. xx.
Sig.—One pill after meals.

MENORRHAGIA.

℞. Strychnia sulphatis . . gr. ss.
Ext. hamamelis . . . fʒij.
M. Sig.—Teaspoonful in water four times a day.

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CHOLERA INFANTUM.

Professor N. S. Davis recommends—

℞. Acidi carbolici . . . gr. iij.
Glycerine . . . . ʒss.
Tinct opii camphorata . ʒj.
Aqua cinnamomi . . ʒiss.

M. Sig.—Give to children between six and eighteen months' old from ten to twenty minims after every paroxysm of vomiting, and every hour or two during the acute serous diarrhœal stage.

The important clinical fact must be remembered, that in all cases of copious intestinal evacuations, the urine is liable to become scanty, and that the suppression of such evacuations by opium and astringents often exerts an unfavorable influence upon the function of the kidneys, resulting in more or less complete suppression of the urinary secretions.

This complication can be avoided by the following combination:—

℞. Tinct. digitalis . . . ʒj.
Potassii acetatis . . . ʒiij.
Spts. ætheris nitrosi . . ʒss.
Syr. simp. . . . . ʒss.
Aqua . . . . . ʒij.

M. Sig.—From ten minims to a teaspoonful, according to age, every two or three hours.

In some cases of summer diarrhœa and cholera infantum, after the acute stage has passed, the vomiting ceased, and the intestinal discharges reduced to one in two or three hours, a low grade of febrile action ensues, characterized by thirst, restlessness, and more or less griping pains before each evacuation. In these cases, Professor Davis has found the following emulsion to be of invaluable service:—

℞. Ol. gaultheriæ . . . ʒss.
Ol. terebinthinæ . . . ʒij.
Tinct. opii deod. . . . ʒij.
Mucil. acaciæ . . . ʒss.
Sacchara alba . . . ʒss.
Aqua . . . . . ʒiij.

M. Sig.—Direct the nurse to shake the vial, and give to children between eight and eighteen months' old from eight to twelve minims every two or three hours, according to the frequency of the discharges, until the latter become consistent and natural.

When cases of serous diarrhœa or summer complaint have become chronic, and are accompanied by marked emaciation, the intestinal discharges continuing thin and frequent, but without tenesmus or mucus, the remedies should consist of tonics as well as of astringents.

In such cases Professor Davis usually directs—

℞. Phloridzyniæ . . . . ʒss.
Spts. ammonii aromat. . . ʒj.
Tinct. opii camphorata . . ʒj.
Syr. simp. . . . . ʒss.
Aqua . . . . . ʒiss.

M. Sig.—To children under two years of age give from ten to twenty minims three or four times a day. The phloridzyne is derived from the bark of the apple-tree root, and is a mild, agreeable and pleasant tonic, while the camphorated tincture of opium supplies the necessary anodyne and astringent influence.

Another formula which is occasionally used by Professor Davis, is—

℞. Morphia sulphatis . . gr. j.
Quiniæ tannatis . . . gr. xx.
Erigerontis canadensis . ʒiv.

Mix and add to one part of boiling water to make an infusion. When it is cold, give one teaspoonful every four hours to a child one year old. This combination has the advantage of being diuretic and tonic, as well as anodyne and astringent.

In protracted cases, accompanied by marked anæmia, excellent results may be obtained from suitable doses of the liquor ferri nitratis after meals and the administration of one of the following powders at bedtime:—

℞. Pulv. opii . . . . gr. j.
Quiniæ tannatis . . . gr. iij.
Hydrarg. cum creta . . gr. iij.
Sacchara alba . . . gr. xx.

M. Ft. charta No. vi.

DELIRIUM TREMENS.

℞. Tinct. veratri viridi . . ʒss.
Chloral hydrat. . . . ʒij.
Syr. lactucarii . . . ʒiss.

M. Sig.—One teaspoonful in water every hour.

CHOLERA MORBUS.

℞. Acidi hydrocyanici dil. . ♏xvj.
Tinct. capsici . . . ♏x.
Morphia sulphatis . . gr. j.
Aqua menth. pip. . . ʒj.

M. Sig.—Teaspoonful every hour and a half.

DYSMENORRHŒA.

℞. Tinct. veratri viridi . . ♏xvj.
Tinct. stramonii . . . ♏xij.
Tinct. opii deod. . . . ʒj.
Tinct. cimicifugæ . . ʒiss.
Aqua camphoræ . . . ʒv.

M. Sig.—Half teaspoonful every three hours.

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DYSENTERY.

Dr. Samuel H. Singleton (Mississippi Valley Medical Monthly) says—

If called to a case of dysentery within twenty-fours after the attack, and I find tormina and tenesmus very violent, which is generally the case, dejections mucus and bloody, I prescribe three grains quinine every three hours, hot meal poultices to the bowels, and a tablespoonful of the following mixture every two hours:—

℞. Sulph. magnesia . . . ℥iv.
Tinct. opii . . . . ℥iiss.
Arom. sulph. acid. . . ℥iss.
Water ad. . . . . ℨiv.
M.

Generally, after the third dose of this mixture has been given, all of the above symptoms subside, the stools become serous and are passed without pain. In fact, a diarrhœa has been substituted for the dysentery. When, in spite of the above treatment, the bloody dejections continue mixed with pus, tormina and tenesmus more frequent, asthenia rapidly supervenes and collapse is imminent, a pill given every two hours of the following formula has wrought wonders in my hands:—

℞. Pulv. opii,
Iodoform . . . āā gr. j.
Zinc. sulph. . . . . gr. ij.
M.

I have treated twelve cases of dysentery with iodoform in the above combination, seven last season and five this season, and my experience has been highly gratifying, every case having been pronounced out of danger or convalescent before the seventh day of treatment, a majority of them before the fifth day.

CARDIAC DROPSY.

℞. Sodii bicarb. . . . . ℥j.
Tinct. digitalis . . . ℥j.
Vini colchici rad. . . . ℥iss.
Tinct. gentianæ comp. . . ℨiij.
M. Sig.—Teaspoonful in water after meals.

HÆMOPTYSIS.

Dr. Horace Dobell recommends—

℞. Tinct. digitalis . . . ℥ss.
Ext. ergotæ . . . . ℥ij.
Acidi gallici . . . . ℥j.
Mag. sulph. . . . . ℨj.
Acid. sulph. dil. . . . ℥j.
Inf. rosæ acidi ad. . . ℨviij.
M. Sig.—Take two tablespoonfuls every two hours.

INFANTILE DIARRHŒA.

The following compound, comminuted, complicated, shot-gun prescription was introduced to us by our friend, Dr. J. P. McGee, and has served a most excellent purpose in the simple diarrhœas of infancy and childhood. It also serves well as a menstruum with which to combine more active remedies:—

℞. Fluid hydrastis . . . ℥j.
Fluid ext. geranii,
Fluid ext. catechu . āā ℥iv.
Fluid ext. leptandræ . . ℥iiss.
Potass. bicarb. . . . ℥j.
Acidi tannic . . . . ℥ss.
Bismuth subnit. . . . ℥v.
Spts. vini gallici . . . ℨj.
Ess. menth. pip.,
Ess. cinnamonii . . āā ℥ss.
Syr. rhei arom. . . q. s. ℨvj.
M. Sig.—One to two teaspoonfuls after each action from the bowels.—*Mississippi Valley Medical Monthly.*

INFANTILE COLIC.

The following is the modification of Dalby's carminative I spoke to you of, from which I have had almost universal satisfaction in the colic of young babies. It beats all the opiates and nauseous doses:—

℞. Magnes. carb. . . . ʒij.
Ol. anisi . . . . . ♏j.
Tinct. cardamomi,
Tinct. assafœtidæ . . āā ♏ij.
Glycerine . . . . ℥ij.
Aqua menthæ viridis,
Aqua camphoræ ad. āā fℨij.
M. Sig.—Teaspoonful every half hour till child is comfortable.

Of course, this does not preclude warm baths, hot cloths on abdomen, relief of constipation, if present, massage, etc., but it does all opiates and soothing syrups.—Dr. J. P. McGee, *Mississippi Valley Medical Monthly.*

DIPHTHERIA.

Professor DeLaskie Miller recommends—

℞. Tinct. ferri chloridi . . ℥j.
Potas. chlorat. . . . ℥ij.
Acidi hydrochlorici dil. . ♏xx.
Tinct. capsici . . . ℥j.
Morph. muriat. . . . gr. ss.
Syr. limonis . . . ℥xxij.
M. Sig.—Give a teaspoonful every two or three hours, according to the urgency of the symptoms.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, August, 1886.

THE NEW YORK MEDICAL JOURNAL'S MUNCHAUSEN CORRESPONDENT.

THE following extract from the New York Medical Journal of July 24th is another sample of the disreputable methods adopted by the New York and Philadelphia specialists in their attempt to prevent the success of the International Medical Congress. We do not know who this patriotic correspondent of the New York Medical Journal is, but he is evidently a combination of Sir Oracle and Baron Munchausen, and would command a high salary as a writer and narrator of border romances:—

"THE INTERNATIONAL MEDICAL CONGRESS.—A well-known American physician writes to us from Berlin, under date of June 30th, that he has lately come in contact with prominent members of the profession in that city,—Bremen, Hamburg, Dresden, Munich, Vienna, and Breslau,—and that everywhere the leading questions were: 'What about the Congress of 1887? Will it be held? Will it be a success? Will you be there? How much reduction will there be in the passage rates? Is it to be managed by homœopaths? Have the dissensions which threatened to wreck the Congress been adjusted? Whom shall we meet whom we know?' etc. To these queries he felt it his duty to answer: 'The Congress will surely be held. Whether it will be a success, cannot now be foretold. I SHALL NOT BE THERE. So far as I know, there will be no reduction in fares to America. The homœopaths have nothing whatever to do with the Congress. The dissensions have not been adjusted in any sense whatever. You will be likely to meet chiefly men whom you do not know by name or fame, since the majority of the best known men in the United States have withdrawn from the Congress because they do not approve of the way in which it is managed.' With but few exceptions,' he adds, 'I found very little inclination to incur the trouble and expense of a trip across under such discouraging auspices. My replies only corroborated previous impressions.'"

PNEUMATIC DIFFERENTIATION.

WHEN the pneumatic cabinet was introduced a few months ago as a panacea for all lung diseases, THE MEDICAL BULLETIN pointed out that its chief value consisted in the fact that by its use the patient was compelled to expand his lungs more fully than ordinarily, and that no physician should be so unwise as to pay two hundred and fifty dollars a year rental for the cabinet, when the same and even better results can be obtained by simply directing the patient to habituate himself to breathe deeply and slowly while pursuing his usual avocations. This view has since been confirmed by so eminent an authority as Dr. William Porter, of St. Louis, Mo. In a recent number of the Weekly Medical Review, Dr. Porter says:—

"Many inquiries have been received during the past few months regarding the pneumatic cabinet and its practical value and application. The writer cannot indorse all that has been said in its favor, although some good has probably been accomplished already. So far it seems to have been little more than aid to deep breathing, which could be done without it. In the hands of a careless or unskilful practitioner it would possibly be a dangerous agent, at least in cases where there was a tendency to hemorrhage.

"Our readers will remember the great results thought to have been obtained a few years ago by the use of Waldenburg's apparatus for condensed and rarified air. If there is one now used in St. Louis the writer does not know of it. His has been idle for several years. We will be very patient with the cabinet till we know more of its actual value in inducing permanent improvement."

A MERITED HONOR.—The Trustees of the Rush Medical College have conferred the honorary degree of M.D. upon Dr. Grant Bey, of Cairo, one of the most esteemed correspondents of THE MEDICAL BULLETIN.

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DR. HIRAM CORSON AND THE GYNÆCOLOGICAL SPECIALISTS.

DR. HIRAM CORSON, of Conshohocken, Pa., recently presented a paper before the Philadelphia Obstetrical Society, on the statistics of three thousand and thirty-six cases of labor. This paper, which was subsequently published in the New York Medical Journal, contains such a scathing exposure of the dangers and absurdities of the theory and practice of the advanced gynæcological specialists, who affect to look down upon the general practitioner, that we reproduce it almost entirely:—

"In my secluded country home, with little intercourse with my kind Philadelphia friends, who are so industriously looking into every department of our profession, I was not, until a very few years ago, aware that women in labor were subjected to new modes of management, 'safer to the child, safer to the mother, and in point of time distancing nature so speedily,' that women cried for the new measures, as children are said to cry after some quack medicines. On inquiry, I learned that the forceps were used very often—many, many times oftener, in proportion to the number of cases, than twenty years ago, and that this was done in the early part of the labor, not because nature was inadequate to the work, but because the physician had never hurt himself by using the instruments, and wished to get away speedily, as he had other patients who needed attention; and, though the condition of the lying-in woman would well have permitted him to visit his other patients and return to her in time to aid her if she needed it, still he would not do it, through fear that the child might be born in his absence, or some other doctor be called in his place. Soon after being thus awakened to what was going on, and after learning that the graduate of a month could use the forceps and all the other swift-sure means of speedy delivery, without hurting his hands or spraining his back—of course, the suffering and fate of the woman were of secondary importance—I was anxious to learn all about these advances in the art of midwifery. With this desire I attended the meeting of the American Gynæcological Society, in Philadelphia, a few years ago. There, I heard from the mouth of more than one eminent gynæcologist—men greater than midwives—'Every year I use the forceps more frequently than before;' and the pleased expression of the audience assured the speaker that his sentiments were theirs. There, too, I was amazed to learn—from the experience of these speakers, how numerous were the cases of laceration of the cervix, of the uterus, and of the perineum—so numerous, indeed, that, when coupled with the fact that they were numerous in a positive ratio with the increased frequency of instrumental delivery, and with the other fact that the advocates of frequent delivery with the forceps, in this convention, were teachers of midwifery and also eminent surgeons, skilful to 'repair' these lacerations, so painful, so distressing to women, and that these repairs brought large remunerations to the surgeons from the ofttimes slender means of their patients, I was dazed; I knew not what to say. I could not believe it possible that the earnest gentlemen before me could have conspired to teach this rushing, forceps plan of delivery (without allowing the patient a chance for natural delivery), in order that lacerations should be produced, so that the business of repairing should be brisk and profitable. No, I could not believe it, and yet the wicked thought dashed through my brain, and left an unpleasant sensation there.

"In October, 1880, The Boston Medical and Surgical Journal came to me containing an article by J. W. Elliott, M.D., of Boston, on 'Antiseptics in Gynæcology.' I had heard something about their use by accoucheurs, and when I saw this publication, and from a Boston doctor, too, I was quick to acquaint myself with it, supposing that he would give me the advanced views on the subject; and I was not disappointed. From him was learned the fact, as he believed, that puerperal fever was sometimes produced by the noxious material within the woman—sometimes, indeed generally, by poisonous matter or germs from without, and that these latter were introduced by the finger of the doctor or the nurse. Then came directions to prevent their introduction, as follows:—

"'At the beginning of labor the patient should have a hip-bath; the hair should be cut from the genitals, the vagina and vulva should be washed with soap and disinfected with carbolic acid; next the hands of the doctor and nurse should be absolutely clean.

"'During labor every examination should be

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preceded by a vaginal injection of a three per cent. carbolic acid solution, to prevent the examining finger from carrying germs lodged at the vulva, or in the vagina, up to the uterus, which is about to be more or less lacerated.

"'After a normal delivery the vagina should be immediately washed out with a three per cent. carbolic solution, and these injections should be continued twice or three times a day, according to the foulness of the lochia, for nine or ten days.

"'After delivery the uterus and genitals should be considered as a deep and important wound which may heal by first intention, or in which the secretions may stagnate, become putrid, and be absorbed.'

"From Dr. Elliott's paper I also learned that 'Winckel's Hospital, in Dresden, is one grand experiment to perfect this theory. There no one is allowed to examine a patient without first scrubbing his hands with soap and a nail-brush, then disinfecting with a five per cent. carbolic acid solution, and this procedure must be repeated before and after each examination.'

"When I had read all this, it occurred to me that possibly German women were unlike the women of America. How else could I account for the fact that the thousands whom I had attended without antiseptics, and without observing the precautions spoken of, did not all die. As I had never before heard of Dr. Elliott, I concluded that he was a very young practitioner, who, perhaps, had never had many cases to attend, and so I went on in my usual way, taking no razor with me to shave the parts as directed by him, no syringe, no carbolic acid, but let nature go on with her work, pleased to see how steadily and perfectly she accomplished it, as in the days of fifty years ago. Though I plodded on in my accustomed way, all around me, in the cities, from Boston to New Orleans, the air was filled with carbolic acid in lying-in rooms, and the medical journals teemed with directions how to keep the poisonous germs from getting access to the body of the puerperal woman. One writer cautioned against allowing them to enter by the anus while the patient was at stool. How amazing all this seemed to me after having seen three thousand women, subjected to no precautions at all, pass safely through their labors, and in a brief time rise from their beds well, I need not say here. I was about to dismiss the subject, to forget that I had ever read such stuff, when I learned that my Philadelphia friends engaged in obstetrical practice were, to some considerable extent, following the lead of the Germans, and, above all, when I received from my good friend, Dr. Albert H. Smith, whose too early death we deeply regret, a copy of his 'Clinical Lecture on the Relation of Cleanliness to the Prevention of Puerperal Septicæmia,' the necessity to carefully examine the subject presented itself to me. This is an interesting lecture, taking the view of the necessity of vigilant antiseptic measures during all the course of labor, and differing very little from Dr. Elliott's article as to the means to be used. It would scarcely be just toward Dr. Smith to make brief extracts from his lecture, which, from beginning to end, is crowded with opinions and directions, all of which to him were deemed important.

"In view of this wide-spread belief of the eminent teachers and practitioners of obstetrics, that there is absolute necessity to practise the rigid rules looking to a speedy termination of every stage of labor by forcible means, and to the use of constant antiseptic precautions, I am inclined to ask, Is labor a natural process? In other words, can a child be born without the aid of the forceps, and is it necessary, when labor has commenced, that, after a bath, antiseptics should be injected into the vagina—yea, into the uterus—as directed by teachers, and that the physician should at once begin to force open the mouth of the womb by hooking one or two fingers in it and pulling and stretching it, and if this fails, using cunningly devised forceps—dilating forceps—and, when it has been forced open, so that one blade can be introduced, employing that as a lever to stretch it open so that the other blade may be introduced, and the head of the child, though still at the upper strait, be grasped and drawn down, disregarding in this heroic undertaking, rupture of the cervix and the perineum? And, if the child is born alive, must it immediately have its body, and even its eyes, washed with some antiseptic by the nurse, while the doctor without a moment's delay, presses his one heavy hand on the sore belly of the mother and thrusts the other into the vagina, so that, by pressing strongly with the one and pulling with the other, the after-birth—I declare, it is hard for me to get away from these old, now obsolete, words, after-birth and midwife—may be got away, 'so as to prevent flooding?' Numerous

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as are these questions, is it necessary that the physician now that the after-birth is away, should stay by the bedside, pressing down on the tender womb for two hours, as directed by teachers? And when the labor is progressing naturally and well, is it necessary that the doctor 'have at the side of the bed, during all the time of his manipulations a dilute Labarraque solution, and dip the finger in it every time before a touch be made, and from time to time bathe the genitalia with a cloth wrung out of the liquid, and, as the head passes keep the cloth in continuous contact with the tissues?' And, after the labor is accomplished, is it important to the safety of the mother 'to wash out the uterus with a carbolic solution or with hot water at 115 or 120° Fahr., either chlorinated or acidulated with vinegar about twenty-five per cent.' as recommended by Dr. Albert H. Smith in his recent work? The answer to these questions will be found scattered here and there through the following pages. It appears to me that many persons who report the doings in foreign hospitals and urge their adoption here, when they themselves really have never tested such practice, and know little of its danger, assume a great responsibility, indeed, sometimes imperil the health, if not the lives, of those on whom such measures are practised. In the Philadelphia Medical and Surgical Reporter, of March 28, 1885, Dr. W. O. Stillman, of Albany, N. Y., has an article in which he describes the precautions taken by Professor Carl Braun, of Vienna, to prevent infection to the lying-in woman. After urging every possible care to disinfect everything needed to be near to the woman prior to examination, he thus speaks: 'As soon as the after-birth is removed the vagina is washed out high up with a two per cent. solution of carbolic acid at the temperature of the room. About one gallon of the solution is used, and the injection is given by means of a huge glass fountain syringe. Almost as soon as the child is born, and often before the cord is cut, its eyes are syringed out with a two per cent. solution of nitrate of silver.' Dr. Stillman doubtless believes he has given valuable information to the thousands of American practitioners. He has us on trial. Dare we refuse to follow Carl Braun? This brings me to the inquiry:

"Are antiseptic solutions, when thrown into the vagina and uterus, safe? I do not know. I have never used them in my three thousand and thirty-six cases in which scarcely half a dozen women suffered from puerperal fever, peritonitis, and pelvic abscess taken together. That answer might excuse me from anything more, but, as I regard the measures now urged —one and all, save cleanliness, in the old sense of that term—as unnecessary, and very dangerous to the lying-in woman and her offspring, the responsibility rests upon me to avert, as best I can, the danger forced on these helpless patients at the very moment when life is trembling in the balance. Dr. Albert Smith —good, conscientious man—felt compelled to bear testimony against the carbolic acid solution, because he saw two patients partially poisoned by it. Afterward he recommended water, 110 to 115° Fahr. But Dr. Thomas, of New York, in a paper read before the New York Academy, said: 'As labor sets in, the nurse should administer a warm vaginal injection of antiseptic character.' Referring to this utterance of Dr. Thomas, Dr. George T. Harrison, of New York, in a paper on Puerperal Septicæmia, published in the 'Transactions of the Medical Society of Virginia,' thus writes: 'Against this advice I must enter an earnest protest, as such injections are unnecessary and fraught with danger.' In the same 'Transactions,' Dr. Dickinson, in a report on 'Advances in Obstetrics,' quotes from a letter from Berlin, written by Dr. Cushing, in which he says: 'Vaginal injections are now abandoned, in all institutions of repute, after normal labor.' Poor Carl Braun's hospital seems not in good repute! Could we take in the whole field in which this carbolic antiseptic practice has prevailed, how many thousands of women must have suffered from this (at that time) highly lauded practice of using carbolic acid injections! Dr. Smith refers to the experience of Fritsch, as confirming his belief in the danger of carbolic acid solution as thus used. Now, when I reflect how many thousands of physicians are there in the United States who are using carbolic solutions as they were at first recommended, and who are not aware of their poisonous effects when thus used, I feel that it is proper here to state what Fritsch has said on the subject. Do you ask, 'How can it be that they are not aware of these poisonous results if they have ever occurred in their practice?' My answer is that, although these effects may have been produced many times, they would almost certainly have attributed them to the intro-

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duction of germs, and not to their own injections. Be that as it may, it will do no harm to give Fritsch's account of the symptoms produced. Both Küstner and Fritsch give cases. 'In Küstner's case, which subsequently proved fatal, there were suddenly developed unconsciousness, contraction of the pupils, rapid respiration (forty a minute), and the pulse one hundred and forty-three being weak and scarcely perceptible. Clonic spasms seized the arms, the head was thrown backward, the jaws were clinched, the small muscles of the face were convulsed, and a clammy sweat covered the patient. The solution used was one of acid to twenty of water.' All this when not needed. Fritsch records two cases in which carbolic acid solution was used, and in one salicylic acid solution. 'In all the cases sudden collapse, unconsciousness, and extremely rapid pulse were observed. These all recovered.' (Country Practitioner, June, 1879.) Recently persons have reported as great success with non-medicated water as with antiseptics. After all I have written about the need of such ministrations as are urged by our teachers of midwifery, I am impelled to ask whether the mortality of puerperal women in the country, and in private practice in cities, was not less before antiseptics were used than now? Whether women's lives are not now put in greater jeopardy, and their condition after delivery for a week or two made more uncomfortable now than before the rules referred to were put in practice? That is my belief. You say it makes you laugh to hear me put up my opinion against eminent obstetricians—even against professors. Laughing and sneering are light arguments. What proof have I that these measures, these precautions, to secure the safety of puerperal women, are not absolutely essential? Only this: That in more than three thousand cases which I have attended—hundreds of them having these poor 'nusses' of whom good Sairey Gamp speaks, and who I know followed the old traditions which had come down to them from former times, and which forbade washing the patient for several days after the completion of labor—they nearly all did well; that septicæmia—blood poisoning—did not occur in one in many hundred cases, if ever even in a single one; that I did not force the after-birth from the womb, did not use injections of poisonous fluids as soon as I removed it, that the uterus and vagina were not washed out even with warm water, that no fear was felt that the 'discharges' would do harm. On the contrary, we were only fearful of trouble and danger when there was an arrest of the lochia too early. Instead of visiting the patient every day for a couple of weeks, and having her disturbed by the nurse with her syringe and quart of water twice to four times daily, we let her alone; generally, if it was convenient, visited her the next day, and again the second day after that, and there was an end of it. Some of them would be up and at work in two or three days, nearly all up on the ninth day, as the nurses felt that their skill as nurses would be doubted should the patient not be able 'to be up and dressed' on that day. The times were fifty years ago? Yes! but women then were a good deal as women are now—very much like their daughters and granddaughters whom I have attended quite recently—and all of whom have done well without antiseptics. I have never used one in all my life for a lying-in woman. I am pleased with nurses who have a regard for cleanliness, but I shall be far from allowing them to inject even hot water into the womb directly after the placenta has been removed, and shall certainly forbid the patient being disturbed every four hours afterward for several days. Since my last report there has not been one case of puerperal fever in the six hundred and forty-nine labors attended by me.

"While I was a student of medicine, in 1827, my preceptor sent me to attend a young woman in her first labor. I was loath to go, but he told me that I need do nothing until the child should be born, then tie the cord, after which, in fifteen or twenty minutes, the patient would have a pain, and I should aid in the removal of the after-birth as directed by the gentle Professor James. In a hut on the banks of the Delaware River, four miles away from our office, I found my patient, who had been for a few hours suffering light, 'grinding pains.' After a few hours, in which they gradually grew stronger, the morning dawned; weary hours more passed, and the pains changed their character—became more propulsive, but even less worrying than the former ones, though so fierce in their expulsive efforts that I feared for her life. As the long and, to me, weary day was yielding to the coming night the child was born. The after-birth followed in due time, and I went home a wiser boy than ever before. It had been a weary, anxious day to me; but what a valuable experience was mine! I had

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seen nature at her work from the beginning to the end of the process—a work for which she seemed to be eminently qualified—a work now taken from her, but which I have seen her perform successfully, unaided, thousands of times. How gently and gradually she begins! A slight pain—so slight that the patient is scarcely certain that it really was one; after a time a more decided one, so on increasing gradually—dozens, scores of them, but with rests between, gradually preparing the way for the final expulsion of the child, the 'grinding pains' being as necessary as the expulsive ones. Time, too, was needed; the hard, square head had to be shaped by scores of pains, so that it could pass through the bones; the rigid, soft parts to be softened and dilated to allow it exit; and a flow of mucus established to lubricate the head and facilitate its passage. It would be well if every young practitioner could see his first case from the first pain through all the stages to the delivery of the placenta. It is my belief that there are very few graduates of the last twenty years who have ever seen a case of labor in all its stages. If early called, before the dilatation of the os uteri, they fancy it is a 'rigid os,' and they go to work to force it open; if called later, they rush at the patient with the forceps; if the child is born while they are present, they do not allow the mother a moment to rest and recuperate for the effort to expel the placenta, but pounce upon her and press the womb—not the after-birth—down to the bottom of the pelvis. They never, unless they disobey their teachers, allow the womb, by its contractions, to expel the placenta.

"After what I have said no one need be in doubt about my practice. I allow nature to do the work if she can without imperiling the patient, whose comfort and safety I promote and guard with constant care and vigilance."

AN ADMIRABLE SELECTION.—Dr. A. M. Pollock, of Pittsburgh, Pa., has been appointed Secretary of the Section of Anatomy and Surgery of the American Medical Association for the present year.

MARCH (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending a copy of this number to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

MEDICAL NEWS AND MISCELLANY.

THE AMERICAN RHINOLOGICAL ASSOCIATION will hold its fourth annual meeting at St. Louis on Wednesday, October 6, 1886.

THE ANNALS OF HYGIENE is a new monthly journal, devoted to the fostering of preventive science and the preservation of health. It is edited by Dr. Joseph F. Edwards, one of the most energetic of the sanitary workers and writers of Philadelphia, and is destined to be a potent factor in the dissemination of correct hygienic principles.

THE NEW YORK RECORD believes that when the nine national (special) associations are brought together as a Congress of American Physicians and Surgeons, we will have a body of men that will do honor to American medicine. It adds, "The question of finding a time and place agreeable to all is a serious one. Yet it should not prove insuperable, and some of our associations might concede a little for a common good." Certainly! So far as we are concerned we would prefer to have it meet alternately in New York and Philadelphia, but will not object to Alaska, if the common good should demand it. —*Weekly Medical Review.*

A POOR SPECIMEN OF PERSONAL JOURNALISM.—The New York Medical Record has been so clearly put in the wrong about the International Medical Congress, and feels so sore at being exposed as the organ of the New York clique who want to break down the barriers of legitimate medicine and admit consultations with all sorts of irregulars, that it takes refuge in the last and worst of all defenses—an unfounded personal attack on the senior editor of the Medical and Surgical Reporter.

This is the small-souled way in which Dr. Shrady satisfies his spleen:—

"Our learned and scholarly contemporary, the Medical and Surgical Reporter, is a stalwart supporter of the Old Code. This is an excellent thing, and is another reason for admiring the sunset covers of our neighbor. We believe, ourselves, in all that is moral in the Old Code, and especially in the sections which say, 'it is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.' Yet we observe, with sorrow, that there regularly appears in the daily papers an advertisement of a certain proprietary 'water,' which is 'the famous specific for the cure of Bright's disease,' and is indorsed by D. G. Brinton, M.D., of Philadelphia. We beg our erring contemporary to set a better example."

Now, as Dr. Shrady well knows, nothing is more common than for the names of persons of some prominence in the profession to be thus

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used without their consent. At this writing, we have before us the advertisement of an unblushing gynæcological "professor," who refers to Drs. Thomas and Lusk, of New York City, as his guarantors. To come out in a medical journal and accuse these gentlemen of connivance and approval of such reference would be disreputable and indecent in the person who did so. And we apply these adjectives to Dr. Shrady's action in the case quoted. We defy him to bring any evidence to show that the sellers of the proprietary water in question had any authority to use the name of the senior editor of this journal. They acknowledge in letters before us that they can produce none, and if Dr. Shrady had made the slightest inquiry before publishing his contemptible charge, he could have convinced himself of this. It shows to what poor straits a defeated man of a certain character may be reduced in order to seek revenge when he can no longer expect success.—*Medical and Surgical Reporter.*

THE PHILADELPHIA CORRESPONDENT OF THE BRITISH MEDICAL JOURNAL.—One of our most valuable foreign exchanges is the British Medical Journal, and we regret greatly to see the painfully labored effort made by its Philadelphia correspondent to influence English sentiment against the coming Congress.

We learn that the writer has recently located in the city of brotherly love (?), and, consequently, has some excuse for his ignorance, though he shows a surprising amount of information in some particulars. As the most of his letter is what we have heard again and again from certain quarters, the suspicion grows upon us that he has been "coached." It is a disgrace for any man to serve up second hand material in so pretentious a manner, at such a "feast of reason" as we generally find in the British Medical Journal. Such a caterer is better designed for a bottle washer.

We quote a few samples:—

"It was from this class that the original Congress Committee made the appointments to office. They ignored locality altogether, and the cities of the East, being older medical centres, came in for a very large share of these appointments."

(Ignoring locality is good; ignoring truth isn't.)

Once more:—

"Austin Flint, Jr., Lewis Sayre, and Lewis Smith, of New York, are the only men of first rank to represent the East in the present Congress."

(Present! very. Only a year from next autumn, when the "*present*" Congress arrives, the B. M. J. correspondent will probably be *late.*)

We would mildly suggest that if the time comes that this Philadelphia recorder of exaggerated grievances shall be taught to exhibit a certain amount of appreciation of his new countrymen and of truth, he will admit that even in his own adopted city there are "representative" men alive to the interests of the coming Congress, and working for its success—men whose names are household words where his name is unknown. Well may the question be asked, who is this who omits from the list of "men of first rank" such names, even in his own city, as Pancoast, Shoemaker, Brinton, Woodbury, and Atkinson?

Our only excuse for noticing this foreign adaptation of the "representative men" comedy is the fear that, appearing in such good company, the comedian's remarks might be taken for original observation, rather than for a poor imitation of unsuccessful actors.—*Weekly Medical Review.*

THE "TRUE INWARDNESS" OF THE THING.—The question has often been repeated by seekers after truth, "What is the 'true inwardness' of the thing?" referring to the International Medical Congress difficulties. Various answers have been given, all possibly containing more or less of truth, but possibly lacking completeness. A Philadelphia correspondent of the British Medical Journal, June 12th, gives us an answer from the standpoint of the first organizers of the Congress. We quote his exact language:—

"It has been a struggle of the West and South against the North and East, and the West and South have won." The writer admits the probability that the Congress will be more distinctively American than if conducted by the Original Committee. The first committee, he admits was "strongly tinctured with European methods." Thus it appears from this writer, that the first committee sought to hold the Congress according to European ideas, and so to centre the wisdom of the country in New York, Philadelphia, Boston, and Baltimore, with their attachés. It was perfectly plain that the leaders of these cities, not the North and East, were determined to import the despotic methods of the old despotisms of Europe into the management of the International Congress. It has really been a conflict of ideas. The men and other elements are and have been but the means by which these ideas have been wrought out. It was the old war cry of the Revolution, "There shall be no taxation without representation." The despotic spirits "tinctured with European methods," simply forgot the lesson of American history. Had they re-read and learned the lessons of the establishment of the American Republic, they would never have entered into the scheme to place under despotic rule the American medical profession. There still remains enough of the spirit of "Bunker Hill" to thwart the well-laid plans of those tinctured with "European methods." True it is that many able men are alienated because "democratic methods" have won in the conflicts for individual and pop-

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ular liberty. It was so in the American Revolution. It will ever be so. All the brains and culture cannot be gathered on one side. It can be fairly said that the great mass of the medical profession in every portion of the United States rejoice that "American" rather than "European" methods will govern the American management of the International Medical Congress. When we go to the Old World to attend Congresses organized according to the imperial plans, we will have the politeness to let our hosts follow their own imperial methods, and not seek to have them adopt our methods. But, on our own soil, when acting as host, we will be and act the part of American citizens, of independent men, courteous and hospitable in thought, word, and deed.

It has, however, laid bare the fact that imperial ideas control some members of the American medical profession; that many who have received in whole or in part their education in the Old World, have come back to try and play king over the medical profession in this country. But it has also made evident that this element is in the minority, and we may still point to the American medical profession with pride in its loyalty to its country and its country's institutions, its country's methods of government—in a word, to its country's liberty. All medical men who love their country more than their own personal schemes, will be found to work for the success of the coming Congress.—*American Lancet.*

THE ASSOCIATION OF AMERICAN PHYSICIANS.—The readers of The Journal will doubtless observe many familiar names in reading the proceedings of the first meeting of "The Association of American Physicians," some who took an active part with the Original Committee of Seven of the American Medical Association in regard to the International Medical Congress to meet in this country in 1887, and some who took an active part against the committee when it was enlarged. It may be asked, what means this multiplication of medical associations, and what is the necessity for them? In this case the answer is obvious. In reply I would answer the last question first—that there is apparently no necessity for them; and the reply to the first is, it means a bold and aggressive attack. The animus of this new association is open and apparent, for it is evidently organized ulteriorly in opposition to the American Medical Association, and is intended eventually, with kindred associations—the Surgical, the Gynæcological, Laryngological, Ophthalmological, etc., to absorb that association or destroy it, or its influence for usefulness, framing their organization in such a way as to keep out all who may be obnoxious to it in any way, and constituting *itself* the representative body of the medical profession in the United States. This seems to be the end in view.

But by what right can a hundred medical men or any other special number associate themselves together and call themselves "*The* Association of American Physicians?" If they had called it "*An* Association of American Physicians," associated for a specific purpose, and limited to that object, it would not look so badly and no especial criticism or objection could be made against it, though exclusiveism is against the spirit of science and its pursuit. Any one has a right to be heard in prosecuting any of its branches, and no one can dictate to, or obstruct him in its development and promulgation. Knowledge is too widespread and its votaries are too numerous and universal to be hindered on their way in this period of the nineteenth century. But as this new association places itself before the public I do not hesitate to say that its projection is an insult to the rest of the medical profession in the United States, whose standing in every respect equals its members; and besides this, the character and intentions of this new association show a tendency to form a class relation which is altogether foreign to the intent and meaning of the government under which we live.

But there is another aspect of the matter which comes home to the heart of every physician who regards the reputation of his country, in at least a practical point of view, as of paramount importance, and that is the strong contrast that will be attempted to be made between this new organization and the American Medical Association in the eyes of the medical world, especially in the eyes of our foreign medical brethren who may favor us with a visit at the International Medical Congress, and those also who decline to do so, because of the assumed exclusiveness which it proposes to set up. Is the American Medical Association and the medical profession to be degraded by a set of men in its own ranks, in a profession which teaches and has always taught fraternity of feeling, and goodwill towards its fellows? Or do they intend to degrade themselves and their co-workers necessarily by breaking up the profession into little fragments, thereby producing such discord that the way may be opened to let in our enemies to destroy the traditions of medicine handed down to us through so many centuries? Can they be satisfied to sever the chain that has joined the far past with the present, and destroy the line and pathway by which medicine has reached its present eminence? And yet such seems to be the very object in view, and the animus of such organizations.

The day will come when such as seek to destroy the great temple of medicine in such ways—by caprice and whims and spitefulness—will wofully repent it, will abhor themselves

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sooner or later and be ashamed of their associates who, with themselves, lifted a hand or voice to aid in such nefarious work.—PRACTITIONER, *Journal of American Med. Association.*

EXCLUSIVEISM AND SPECIALISM IN MEDICAL ORGANIZATIONS.—That principle or feeling which prompts one man or class of men to assume superiority in some directions over his fellows, and therefore to assert exclusiveness in association, rank, or privilege, is probably as old as the human race. In matters of State or politics, it underlies all forms of aristocracy ; it prompts the religionist to say to his neighbor "stand thou there, I am holier than thou;" and it does not fail in prompting men of science even to think they have attained an eminence that lifts them so far above all others cultivating the same fields of human knowledge, that they must needs have exclusive social organizations for themselves.

The strong influence of this psychological principle has been well illustrated in the progress of medical organizations in this country. Although every State Medical Society in this country has shown a remarkable disposition to give the fullest opportunity to those cultivating special departments of medical science or practice to present reports or papers regarding their own special departments at any regular meeting; and although the American Medical Association, as fast as new specialties were developed, added new sections for the accommodation of their votaries, the same spirit of exclusiveism soon prompted each to seek an organization for itself; not for the purpose, as might be supposed, of accommodating all practising a certain specialty with more time and freedom of discussion, but directly for the purpose of including in its membership only those who had already gained reputation, that they might, on the one hand, avoid the necessity of entering into discussions on a level with the common doctor ; and, on the other, to more effectually bar the progress of each new competitor in the same field. Hence, each new special organization is formed by a few of kindred spirit meeting and selecting those they desire for comrades, inviting them to a subsequent meeting, when a constitution and by-laws are adopted, with such provisions that all subsequent additions must be made by the nomination and election of those already members, or even by a small council or committee of censors. Consequently, these so-called American Ophthalmological, Otological, Gynæcological Societies, etc., instead of being composed of all the American ophthalmologists, otologists, etc., who might choose to join them, or a ratio of delegates chosen to represent all, are close corporations to be increased or perpetuated only by the gracious favor of the individual corporators.

The whole process is admirably illustrated by the last so-called national organization just completed. . . . A few months since a dozen or possibly twenty prominent physicians in Philadelphia and New York held a conference, and decided to form what was to be called an Association of American Physicians and Pathologists, which it was supposed would complete the circle of special organizations known to the profession. They selected a sufficient number, chiefly from the cities of Philadelphia, New York, and Boston, to make seventy-four in all, effected a temporary organization and agreed to hold their first regular meeting in Washington, D. C., June 17, 1886. That meeting was held with the results to be seen. . . . Fifty-six of the seventy-four selected were in attendance. A constitution for permanent organization was adopted, limiting the number of members of the association to one hundred, and the honorary members to twenty-five ; making it necessary that proposed new members must be nominated by two regular members, referred to the Board of Censors, and elected at a subsequent meeting, and, as a part of the qualifications, it is required that the proposed members must have accomplished some scientific or professional work of importance. Another provision fixes the permanent place of meeting in Washington, D. C., the time, the month of June each year, and the name of the organization "The Association of American Physicians."

Here are nominally seventy-four, but actually fifty-six presumably eminent members of the profession, forty-two of whom are from the cities of Philadelphia, New York, and Boston, forming an association avowedly of so high an order that of the forty thousand American physicians (not counting surgeons and other specialists) only one hundred can expect to be members at one time, and carefully guarding the door of entrance for the future, and yet so modest, that they adopt a name directly calculated to create the impression everywhere that this new society is simply an association of American physicians and nothing more. Surely this is a serious mistake. There should be something in the name to indicate the distinctively eminent character of the membership. Perhaps the most appropriate title would be "The Association of Eminent American Physicians." But if the extraordinarily frequent use of the word "eminent" in two or three leading medical journals in New York and Philadelphia and their echoes in Canada and elsewhere, during the past year, has rendered that word too monotonous, then follow the News, and call it "The Association of American Clinicians and Pathologists," or even "The Association of Medical Experts ;" something, at least, that will surely prevent so distinguished a body from being confounded with the great body of American practitioners. We trust, when the members come

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together again next June, they will lay aside that modesty so natural to men of true science, and not only correct the present error, but, if they meet there in the capital of the nation all the other specialist organizations to form a confederated Congress, do not permit the repetition of a similar mistake by calling it "The Congress of American Physicians and Surgeons," as has been proposed, and which would suggest to all the outside world only a gathering of ordinary members of the profession, but insist boldly on its being called honestly and plainly "The Congress of American Specialists." For it would be a sad reflection if, after assembling annually on the banks of the Potomac and enduring a June sweat for a decade, they found themselves well-nigh forgotten, and all for the want of a title sufficiently distinctive to secure the attention of the learned in all parts of the world. Let no one suppose that the foregoing comments are prompted by any feeling of opposition to the new association. We are perfectly willing that both specialism and exclusiveism shall have fair play in an open field, but it is no more than right to claim that every ship should sail under its own flag.—*Journal of Amer. Med. Association.*

NINTH INTERNATIONAL MEDICAL CONGRESS.—The Ninth International Medical Congress, to be held in Washington, D. C., commencing September 5, 1887:—

PRELIMINARY ORGANIZATION.

SECTION XIV. PUBLIC AND INTERNATIONAL HYGIENE.

President, Joseph Jones, M.D., of New Orleans, La. Vice-Presidents, John Simon, 40 Kensington Square, W. London; B. W. Richardson, 25 Manchester Square, W. London; J. W. Thudicum, 11 Pembroke Garden, W. London; A. N. Bell, Brooklyn, N. Y.; J. N. McCormick, Bowling Green, Ky.; J. Berrien Lindsey, Nashville, Tenn.; J. F. Y. Paine, Galveston, Texas. Secretaries, George H. Rohé, Baltimore, Md.; Walter Wyman, United States Marine Hospital Service. Council, Thomas Antisell, Washington, D. C.; Le Baron Bottsford, St. Johns, New Brunswick; Henry Carpenter, Lancaster, Pa.; Richard H. Day, Baton Rouge, La.; J. W. Dupui, Baton Rouge, La.; Oscar DeWolf, Chicago, Illinois; Landon B. Edwards, Richmond, Va.; James Finney, New Orleans, La.; Wiley K. Foot, New Orleans, La.; Albert L. Gihon, Washington, D. C.; E. L. B. Godfrey, Camden, N. J.; D. W. Hand, St. Paul, Minn.; Thomas Hebert, New Iberia, La.; Charles H. Hewitt, Red Wing, Minn.; Joseph Holt, New Orleans, La.; Stanhope Jones, New Orleans, La.; Benjamin Lee, Philadelphia, Pa.; Henry Leffman, Philadelphia, Pa.; J. R. Le Monnier, New Orleans, La.; Henry F. Lyster, Detroit, Mich.; A. W. Leighton, New Haven, Conn.; William R. Mandeville, New Orleans, La.; N. R. Milner, New Orleans, La.; H. L. Orme, Los Angeles, Cal.; R. H. Reed, Mansfield, Ohio; W. L. Schenck, Osage City, Kan.; C. M. Smith, Franklin, Ohio; R. M. Swearingen, Austin, Texas; M. K. Taylor, United States Army; G. B. Thornton, Memphis, Tenn.; William M. Welch, Philadelphia, Pa.

SUBJECTS FOR DISCUSSION AND FOR THE PREPARATION OF MONOGRAPHS.

I. Quarantine.

a. History of quarantine.

b. Conduct of quarantine stations.

c. Sanitation of ships.

d. Sanitation of maritime ports.

e. Regulation and control by sea and land of such diseases as yellow fever, Asiatic cholera, Oriental plague, Oriental leprosy, typhus, and typhoid fevers, smallpox, scarlatina, and measles.

f. The relations of the duration of quarantine as determined by the natural history of various diseases, and more especially by the period of incubation of their specific poisons.

g. Value of heat (dry heat and heated steam) and steam in the disinfection and cleansing of infected vessels.

h. Relative value of sulphuric acid and other agents, as carbolic acid, sulphate of iron, and bichloride of mercury in disinfection.

i. Describe the apparatus for the application of disinfectants.

j. Quarantine should embrace not merely detention, but also thorough cleansing and disinfection. Whenever necessary, the cargo should he discharged and thoroughly aired and fumigated.

k. Structure and conduct of quarantine hospitals.

l. Land quarantine, its value and mode of conduction.

m. The proper structure, ventilation, and conduct of railroads so as to prevent the dissemination of contagious and infectious diseases.

n. Shall the General Governments of the civilized world assume control of all the quarantine systems, and by mutual consent reduce the entire subject of quarantine to order and apply the most improved methods of sanitation and disinfection?

o. Shall the government of the United States assume charge of the entire subject of quarantine and relieve the individual States of the Union of all further responsibility of regulating quarantine either with foreign countries or with each other?

II. Military Hygiene.

a. Food of the soldier.

b. Clothing of the soldier.

c. Exercise of rest; effects of infantry, cavalry, artillery, and bicycle exercise upon the soldier.

d. Shelter. Structure of tents.

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e. Water supply of armies; method of testing and improving.

f. Military prisoners and military prisons.

g. The establishment of uniform rules to be recognized by all civilized nations for the treatment, food, and clothing of military prisoners, and for the regular and continuous exchange of all military prisoners.

h. Hygienic arrangements of field and general hospitals.

III. Naval Hygiene.

IV. Structure and Arrangement of Prisons and Treatment of Prisoners.

a. Treatment of prisoners: food, clothing, and occupation.

b. Has the State the right to work prisoners in swamps and marshes, and cause the destruction of human life by the neglect of all the laws of hygiene?

c. Are not deaths occasioned amongst prisoners by cruelty, overwork, scant clothing, poor food, directly chargeable against the officials composing the government, whether acting in behalf of a city, county, state, or government?

V. Structure, Hygienic Arrangements, and Ventilation of Buildings.

a. Proper condition of the soil for the location of buildings.

b. Relations of building material to moisture and to fire.

c. Public buildings: legislative halls, depots, churches, etc.

d. School-houses and colleges.

e. Factories.

f. Dwellings.

VI. Influence of Agriculture on Public Health.

a. Influence of overflows on the public health.

b. Importance of drainage; clearage of swamps, marshes, and land generally.

c. Influence of the cultivation of rice on the public health.

d. Influence of cotton, tobacco, sugar, and indigo culture on the public health.

VII. Food and its Adulterations.

a. Influence of different methods of preserving food on the public health.

b. Influence of canned food upon the public health.

c. The injurious effects of lead, copper, tin, zinc, antimony, etc., upon food; said metals being used for culinary vessels, dishes, and receptacles.

VIII. Relations of Water to the Public Health.

a. Properties of wholesome potable water.

b. Water supplies of cities.

c. Proper supply to each inhabitant, etc. Transmission of disease germs through the medium of water.

IX. Influence of Alcohol upon the Public Health.

a. Wine.

b. Malt liquors.

c. Distilled liquors.

X. Influence of Narcotics upon the Public Health.

a. Tobacco.

b. Cannabis indicus.

c. Opium and its preparations.

d. Chloral hydrate, chloroform, and ether.

XI. Influence of the Electric Light upon the Public Health.

XII. Influence of the Modern Modes of Travel upon Public Health.

a. Effects of railroad travel in inducing paralysis.

b. Hygienic structure and conduct of railroad trains so as to avoid the introduction and dissemination of infectious and contagious diseases.

c. Structure and arrangement of sailing and steamships.

d. Hygienic regulations of officers, crews, and passengers.

XIII. Relations of Filth to Public Health.

a. Relative merits of the various plans of sewerage and of the disposal of garbage and fecal matter.

b. Organization of the scavenger force.

c. Best method of disposing of the dead.

d. Effects of putrefaction in the dissemination of the disease germs of contagious and infectious diseases, such as cholera, yellow fever, smallpox, measles, scarlet fever, etc.

e. Cremation.

XIV. Relations of Disease Germs to the Origin and Spread of Contagious and Infectious Diseases, and to Endemic and Epidemic Diseases.

a. Relations of malaria to the public health.

b. Nature of the malarial poison.

c. Physical, chemical, and microscopical characters of the poison or cause of the following diseases: Yellow fever, typhoid fever, typhus fever, relapsing fever, measles, scarlatina, syphilis, phthisis, Oriental leprosy, elephantiasis, smallpox.

d. Relations of phthisis to the public health.

e. Relations of syphilis to the public health.

f. Measures for the arrest of smallpox.

g. Value of cowpox vaccination.

h. Accidents attending vaccination. Transmission of the syphilitic virus through the medium of the vaccine virus.

Authors desiring to contribute to the Fourteenth Section of the Ninth International Medical Congress should commence their labors at the earliest practical moment and communicate with

JOSEPH JONES, M.D.,
Post Box 1500, New Orleans, La.

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40 KENSINGTON SQUARE, W. LONDON,
June 8, 1886.

My Dear Sir:—I feel myself highly flattered by the invitation with which you honor me, that I should be one of the Vice-Presidents of Section XIV. of the International Medical Congress about to be held in Washington.

To my very great regret, I have no hope that it will be in my power to attend the Congress; and I feel doubtful whether, in that state of the case, you will still think me qualified for the honor you so kindly propose. This I can only leave to your judgment; subject to which, my answer to your very flattering invitation would, of course, be, that I should be proud to hold under your presidency, any honoring post for which you may deem me fit.

Meanwhile, and at any rate, permit me to offer you, from this side of the Atlantic, my heartiest good wishes for the success of the Congress in general, and of Section XIV. in particular; and believe me, dear sir, with much respect,

Your obliged, faithful servant,
JOHN SIMON.

Professor Joseph Jones, M.D., 156 Washington Avenue, New Orleans, La.

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11 PEMBROKE GARDEN, W. LONDON,
June 9, 1886.

JOSEPH JONES, M.D., NEW ORLEANS.

My Dear Sir:—I have the honor to acknowledge the receipt of your letter of May 17th ultimo, in which you express to me your wish that I should be appointed a Vice-President of the Fourteenth Section of the Ninth International Medical Congress, to be held at Washington, in 1887.

In reply, I have pleasure in informing you that I shall consider it a great honor to fill this office, which will be so worthily presided over by yourself. I sincerely hope that circumstances will permit me to visit America, and to make your personal acquaintance. Yours most faithfully,

J. W. THUDICUM, M.D.

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25 MANCHESTER SQUARE, W. LONDON,
June 7, 1886.

My Dear Sir:—It will give me the greatest pleasure to accept the office of a Vice-Presidency of the Section on Public and International Hygiene of the International Medical Congress, to be held at Washington in September, 1887.

I do not know whether this intimation should be sent to you direct or to some other officer. I therefore send it to you direct, with the request that you will send it to the right quarter.

Yours always, truly,
B. W. RICHARDSON.

Professor Joseph Jones, M.D., Post Office Box 1500, New Orleans, U. S. A.

—*Journal of Amer. Med. Association.*

BOOK REVIEWS.

Diseases of the Digestive Organs in Infancy and Childhood. By LOUIS STARR, M.D. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, 1886.

This is a new book, by an author well-known as a teacher in the department of children's diseases. The general arrangement of the work is worthy of commendation; and the workmanship—printing, binding, etc.—excellent. The author, we are gratified to see, lays great stress on the matter of general management of the little sufferer. In fact, the concluding part of the book is devoted to that important subject. Feeding enters into his therapeutics as preëminently the remedy. Were it not that the doctor has handled dietetics so ably, we would be inclined to consider a book of the size of the one under consideration as too large for the subject. Not that the subject is not one of vast importance, but because brevity is a great virtue in medical literature. The introductory chapter is devoted to the very important subject of the investigation of disease in children.

Part second begins with a consideration of diseases of the mouth and throat. Catarrhal, and other forms of stomatitis, find their place in this portion of the book. Dentition and its difficulties are next encountered. Simple pharyngitis, superficial catarrh of the tonsils, follicular tonsillitis, suppurative tonsillitis, retro-pharyngeal abscess, are all taken up in their turn. The author then passes on to the affections of the stomach and intestines. These occupy the second chapter of this part. Gastritis comes in for its share of space. The section on mucous disease is illustrated by a plate illustrative of the appearance of a glazed tongue and a worm-eaten tongue. Intestinal catarrh is duly considered; and entero-colitis, cholera infantum dysentery, tubercular ulceration of the intestine, colic, and constipation are fully dwelt upon. Simple atrophy, or marasmus, is ably handled. In speaking of the vitally important subject of feeding that class of infants properly, the author states that for a number of years he has made it a rule to ask for the bottle of every hand-fed infant presented for treatment. In this connection he takes opportunity to strongly condemn that complicated contrivance, popular of late, consisting of an arrangement of glass and rubber-tubing of small calibre in place of a plain gum tip. He believes, and we think with reason, that the tubing can never be kept clean. Besides, the child, left to itself, is apt to continue suction long after the bottle is exhausted, thus swallowing a quantity of air. Typhlitis and perityphlitis are next considered, followed by intussusception and intestinal worms. The last-named section is

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illustrated by four engravings. The third chapter is devoted to caseous degeneration and tuberculosis of the mesenteric glands, or tabes mesenterica. The fourth chapter embraces diseases of the liver, jaundice, congestion, fatty liver, amyloid, syphilitic inflammation of the liver, and cirrhosis, are all treated of. Chapter five embraces diseases of the peritoneum. This book, we think, is a valuable one, and well worthy of a place in the library of the physician.

A Manual of Midwifery. By ALFRED LEWIS GALABIN, M.A., M.D., Obstetric Physician and Lecturer on Midwifery and the Diseases of Women, to Guy's Hospital, London. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, 1886.

The volume before us is one of the latest, if not the latest, treatise published on the subject of midwifery. It is fully up to the times. To attempt abstracting the work to any extent would be a task far exceeding the time and space allotted; so we shall be compelled merely to note a point here and there. When speaking of anæsthetics in labor, the doctor says that in the great majority of cases chloroform is the one to be chosen. "Even when it is necessary to give it to the full surgical extent, as in obstetric operations, it does not appear to involve the same increased risk, as compared with other anæsthetics, such as ether, which it does in ordinary cases." "The explanation of this is probably to be found in the physiological hypertrophy of the heart, which occurs during pregnancy, and perhaps, also, to some extent, in the high abdominal pressure due to the presence of the pregnant uterus." When discussing the subject of physometra, the author states that he has met with a case of the so-called vagitus uterinus during version, performed on account of contraction of the brim. "The child was still-born, but, on *post-mortem* examination, partial distension of its lungs was found, such as would generally be considered as proof of live birth. This medico-legal test of live birth is, therefore, open to possible fallacy under these circumstances." The doctor, under the heading of treatment in congenital encephalocele, speaks as follows: "Forceps will generally slip off the head, and it is not usually worth while to attempt delivery by version, since the child is probably never capable of prolonged life. For the same reason there is no object in puncturing with a small trocar, in order to secure a living child, unless it should be of legal importance to secure the birth of a child, even though it lives for only a short time." We should be inclined to say that it is important to secure a living child for a short time, even if of no legal consequence, rather than kill it outright. Dr. Galabin is not, perhaps, more oblivious to moral law in his treatment of kindred subjects to the above than most writers, but we think more care to this feature would add greatly to the merit of a work. In conclusion we would add that the book is complete and, at the same time, handy for reference, thoroughly modern in its teachings, and, with a few exceptions, safely to be confided in and followed.

Quiz-Compend of Pharmacy. By F. E. STEWART, M.D., Ph.G. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia.

This compend, the eleventh of a new series of compends for students, is based upon Professor Joseph P. Remington's "Text Book of Pharmacy." It shows much care in the preparation, and, if well studied by the candidate for gradution, would certainly go far towards supplying him with a condensed, and, at the same time, extensive, review of the subject in hand.

The Principles and Practice of Surgery. By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D., late Professor of the Practice of Surgery, with Operations, and of Clinical Surgery, in Bellevue Hospital Medical College; Consulting Surgeon of the Bellevue Hospital, etc., etc. Illustrated with 472 engravings on wood. Third edition, revised and corrected. New York: William Wood & Co., 1886.

The first edition of this work was given to the public in 1872. The favorable reception of that and a second edition a year later, preclude the necessity of an extended notice of this, the third edition.

This book will continue to be a favorite one with the students who have enjoyed the privilege of listening to the lectures of its distinguished author. And to those practitioners of a conservative turn of mind, who desire a book to which they may turn and hurriedly review the surgical anatomy, and necessary steps to be taken in a surgical operation, it is useful.

This edition of the book does not materially differ from the two former which have preceded it, except in the fact that a supplementary chapter has been added. This chapter is upon "The Art of Primary Union, or Union by Adhesion in Large Incised Wounds; With a Consideration of the Value of Antiseptics in These and Other Wounds."

In this chapter the author demolishes the specious claims of the Listerian school, and shows that the favorable results which have been obtained by the antiseptic method of treating wounds, has not been because of the exclusion of a multitude of supposititious germs, but because in the exercise of it, it was necessary to comply with conditions known and taught by surgeons more than a hundred years ago.

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But let the author speak for himself. He says, page 949: "The several conditions necessary for the union of large wounds by adhesion are not now for the first time declared. Their first enunciation was made substantially in the latter part of the last century, and were repeated often by systematic writers. They were part of my earliest lessons in surgery, and have been taught and practised by me during all my professional life up to the present time. I believe, also, that a strict compliance with these rules constitutes the only grounds for the superior success of some surgeons, as compared with the success of others, at the present day."

Again, he says, on page 955, Mr. Lister teaches "that under a most thorough system of antiseptics, primary union can be secured." "But he also teaches, incidentally, that the wound must be handled gently, all foreign substances must be removed, the blood must cease to flow, and provision must be made for drainage. In short, if you will look carefully into his teachings and practice, and the practice of his disciples you will see that they omit nothing which I have declared essential to success; and I venture to say that if they did, no amount or quality of antiseptics would secure union by adhesion. The influence of Mr. Lister, backed by his specious theories, secured a return to the old practice of the advocates of primary union in all its details, and to this it added antisepsis. But, as to his declaration that the results which he obtained were due to the destruction of certain micro-organisms constantly floating in the atmosphere, and which, being received and propagated upon the raw surfaces, prevent primary union, or which, conveyed into the system by absorption, cause septicæmia; this is only a theory, and one that is far from being universally accepted."

Again, he says, on page 957: "The various manipulations and devices for the purpose of excluding the germs above enumerated, with others not enumerated, have at one time or another been suggested by Mr. Lister or his disciples, and, in my opinion, they are all necessary if Mr. Lister's theory is correct. If it be not correct, they serve no other purpose than do the walking, talking, and gestures of the prestidigitator. They abstract the attention and conceal the adroit manipulation by which the trick is actually performed, with this difference, the prestidigitators are not deceived, but deceive their audience; while Mr. Lister and his disciples deceive both themselves and their audiences."

In some other matters Dr. Hamilton's views are too conservative. Thus, in his chapters devoted to the treatment of Gunshot, Incised, and Punctured Wounds of the Abdomen and Abdominal Viscera, notwithstanding all that has been said upon this subject by modern surgeons since the second edition of this work was issued, we discover no change in this present edition. The author has as much reliance and faith in the *vis medicatrix naturæ* and in opium now as he had when he issued the first edition of his work. He evidently does not approve of laparotomy in the treatment of such wounds. For instance, he says in the chapter devoted to the treatment of gunshot wounds of the belly (page 95): "To search for a wound in the intestines for the purpose of closing its edges with sutures, as recommended by Legonest, is, in my judgment, unsound practice," also, "The very attempt to find the wound in the intestines must insure the admission of air into the cavity of the peritoneum, and the escape of fecal matter." In view of the success which has recently attended the operation of laparotomy, Dr. Hamilton's views on this subject will not be accepted by modern surgeons.

NEW PUBLICATIONS RECEIVED.

The Treatment of White Swelling of the Knee, by A. B. Judson, M.D., New York. Reprint from New York Medical Journal.

Incubation of the Larynx for Diphtheritic Croup, by E. Fletcher Ingalls, A.M., M.D., Chicago, Ill. Reprint from Journal of American Medical Association.

The Importance of Early Operations in Surgical Injuries, by R. Harvey Reed, M.D., Mansfield, O. Reprint from Transactions of Ohio State Medical Society.

On the Physiological Action of Nitrous Oxide, by Dudley W. Buxton, M.D., D.S., M.R.C.P. Reprinted from Transactions of the British Odontological Society.

On the Limitation of the Contagious Stages of Syphilis, Especially in its Relations to Marriage, by F. N. Otis, M.D. Reprint from Journal of Cutaneous and Venereal Diseases.

Official Report of the Memorial Meeting of the New York County Medical Association in Honor of the Late Austin Flint, M.D., LL.D., held at the Carnegie Laboratory, Bellevue Hospital Medical College, New York, April 19, 1886. Reprint from Gaillard's Medical Journal.

Rational Medicine and Some of its Problems. The Valedictory Address Delivered at the Fifth Annual Commencement of the Medico-Chirurgical College, of Philadelphia, in Association Hall, April 3, 1886, by Frank Woodbury, M.D., Professor of Materia Medica and Therapeutics and of Clinical Medicine. Published by the Alumni Association of the Medico-Chirurgical College, Philadelphia.

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COMMERCIAL NEWS.

Con. Tinc. Avena Sativa for the Opium Habit, Etc.

Harrodsburg, Ky., November 23, 1885.

Messrs. B. Keith & Co.:

Gentlemen:—I have been using your Con. Tinc. Avena Sativa for several years, and have found it useful in the following morbid conditions:—

1st. In the nervous exhaustion resulting from over-brain work, I regard it as a specific.

2d. In cerebral hemorrhage, resulting in paralysis, it is very useful in restoring both sensory and motory power.

3d. In stomatitis, depending on deficient nerve-power in the digestive apparatus; it will cure that.

4th. In alcoholism it will supply the intolerable craving for alcoholic stimulants, and enable the inebriate to glide out from under its power with much more ease.

5th. It is very useful in what is called opium habit, by reinforcing and fortifying a resolution to abstain. Very truly, C. H. Spilman, M.D.

Cod-Liver Oil with Hypophosphites.

As a nutrient means of checking and repairing bodily waste, and remedying diseases of the throat, chest, and lungs, Scott's Emulsion has long held the foremost rank among preparations of cod-liver oil. In it not only is the disagreeable flavor and nauseating effect of cod-liver oil in its crude state overcome, but it holds in combination the hypophosphites of lime and soda, a most important remedial agent and adjunct to the cod-liver oil. The perfect chemical union of this valuable combination gives it an exalted position in pharmacy and brings this hitherto valuable but almost useless article (on account of its repulsive taste and odor) into practical utility for supplying to the depleted system iodine, bromine, and phosphorus in the most desirable and acceptable form. The certificates of some of the most eminent physicians and analysts in Europe and America attest both its efficacy and its chemical purity. It is, perhaps, useless to enumerate the diseases for which these two combined specifics are of great remedial value, it is sufficient to say that this Scott's Emulsion of Cod-Liver Oil and Hypophosphites stands pre-eminently at the head of the list, and by its superior healing and strengthening powers it has grown and reached out till it has covered many countries of the globe, and can be found even in some of the remote corners of the earth.—*Townsend's Quarterly Epitome.*

Dysentery.

Some time ago we had an epidemic of dysentery in our community. I tested Kennedy's (dark) Pinus Canadensis fully; must say I am well pleased with it, and expect to use it freely in future in cases where indicated.

P. A. Wilson, M.D.

Timmonsville, S. C.

Peacock's Bromides is a valuable remedy, and I can heartily recommend it to the profession where the use of such a preparation is indicated. It takes the place in our list of remedies that has long been needed. It is all that is claimed for it. A. M. Chord, M.D.

Logansport, Ind.

Maltine with Cascara Sagrada.

This valuable preparation which has been recently introduced by the Maltine Manufacturing Company has no superior for the purposes for which it is intended. The value of Cascara Sagrada in all cases of obstinate and habitual constipation, is conceded by nearly the entire profession. Combined with Maltine, it becomes an agreeable and safe laxative, while the Maltine invigorates and strengthens the whole system.

Unlike ordinary purgatives, this compound causes no pain, nor does it leave the bowels in a weakened or enfeebled state, having, on the contrary, a tonic action. The improvement in health is noticed from the start. Dr. Reid, an eminent English practitioner, at a recent meeting of the British Medical Association, said, regarding the use of Cascara Sagrada, in thirty-three cases, of which he had taken careful notice, "the result was all that could be desired in twenty-seven cases of habitual constipation, several of them being complicated by various forms of dyspepsia, and in many instances the patients being persons of sedentary habits, more especially females."

Also, the same authority states that Cascara was found of great service in many cases of piles, when other aperients had failed.

With the emollient and nutritive properties of Maltine the virtues of Cascara Sagrada are greatly increased by this combination, each fluid ounce of which contains one and a half drachms fluid extract Cascara Sagrada.

The Maltine Manufacturing Company, 182 Fulton Street, New York, will furnish one pound sample free of charge to physicians who will pay expressage.

The Wallain Oxygen Apparatus Manufacturing Company have improved their appliances, and at the same time lessened the cost thereof. New illustrations of same in next number of The Bulletin.

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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

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A CLINICAL LECTURE.

THE USE OF THE FORCEPS; RETROVERSION WITH STENOSIS AND DYSMENORRHŒA IN A VIRGIN; OPERATION.

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology at the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

THE patient is 24 years old, has been married eight years, and has had one child. The labor was an instrumental one, and resulted in a tear of the neck of the womb and of the perineum. The laceration of the cervix was operated on in another institution, and she comes to us to restore the perineum. I shall make this case the text for a few remarks on the use of the forceps. It is such a case as this that makes me contend that, although the forceps is a noble instrument, it has, take it all in all, done, and is doing more mischief than good. Why? Because the physician is not cool enough when he puts the forceps on. He has too much to do, he is impatient, and puts the forceps on while the head is still inside of the womb. This is perfectly right in some cases, but not in all the cases in which it is practised. This is the way the cervix is torn. You are not always able to prevent a tear of the os. I have torn it, and have done so wittingly in a case of puerperal convulsions. In spite of the greatest care, the cervix may be torn and you are not responsible.

Now, how do tears of the perineum occur? The immense majority of the profession deliver the head all the way through with the forceps. You, as young practitioners, are not capable of doing this. The proper plan in the great number of cases is to bring the head down to the perineum with the forceps and make it bulge, and then take off the forceps and let nature deliver the case. She will do it much better than you can. It takes a man with a great deal of coolness, judgment, and experience to deliver the head all the way through with the forceps. Some years ago I was invited to a neighboring city to attend a gathering of physicians. In the course of the evening, the subject of the forceps came up. I expressed the same views that I have just now. One of the gentlemen criticised my plan pretty sharply, and held that the perineum could be saved by the forceps. This is true in certain cases. Another member also opposed the method pretty strongly. Before six months had elapsed I was sent for to go to this place and sew up a perineum torn right through the sphincter by one of these gentlemen. Before the year was up, the other gentlemen sent for me for a similar purpose. My rule, which I almost invariably follow, is to remove the forceps when the edge of the perineum begins to grow tense and looks as though it might yield.

Suppose you do meet with a laceration of the perineum, put in the stitches at once. Do not conceal the accident. If you have taken the forceps off as I have suggested, it cannot be said that the instrument was the cause of the tear. These tears always look worse immediately after labor than they do the next day. When you are in doubt, put in a stitch. I should advise you to always carry needles of sufficient length. Make it a rule always to examine the

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perineum after labor, for if you do not you will be caught some time. I shall never forget the case of a gentleman of large experience who had been tugging away at the head for a long time until he was completely demoralized. He then sent for me, and I worked until at last the head was on the perineum. When the perineum began to bulge, I handed the forceps to him, expecting that he would simply bring the head a little further and then remove the forceps. But, as often happens under such circumstances, he had become demoralized. Indeed, a French physician has written a rather exaggerated article on the delirium of physicians, in which he refers to the demoralization by long-continued wearisome work by the side of a patient, and mentions some very extreme instances. The physician to whom I have referred, at once turned the head out, and after delivering the woman went to wash his hands. I examined, and found a tear completely through the sphincter, and great was his astonishment when I called his attention to it. We sewed it up and it united perfectly. In many cases of laceration neither the physician nor the patient is aware of the injury until the bowels have been opened. The examination should always be made with the finger in the rectum and the thumb in the vagina. In this way the tear will not be overlooked. If the tear is through the sphincter, I should advise that you do not perform the operation without assistance, unless you have a trustworthy woman on whom you can rely. It is necessary to give ether.

In performing the operation, the parts should be cleansed and a sponge introduced into the vagina to prevent blood trickling down and obscuring the parts. It is not easy, especially at night, to distinguish the torn parts from the undenuded, congested structures. The sutures should, if possible, be buried. In regard to the management of the bowels, I am a little uncertain. Where the tear does not extend through the sphincter, it makes little difference whether the bowels are opened at the end of four days or at the end of a week. When the tear involves the sphincter, it is an important question whether the bowels should be kept open or bound. I have been quite successful in this operation, and I have kept the bowels bound for from eight to eleven days. I remove the stitches on the eighth day, and then wait three days longer before opening the bowels. In the evening, I employ an injection of one ounce of glycerine with one or two ounces of sweet-oil, and the following morning give a dose of castor oil. I once had the perineum torn when the bowels were opened. I have also had the sphincter torn open a little so that it was not as perfect as it should be. In my later cases, I have been using the method of opening the bowels after three full days by the use of small doses of sweet oil, and then waiting until the end of a week before again opening.

Let me say a word with reference to supporting a perineum. My rule is to never support a perineum. The perineum is not what needs support. It is the head. The perineum is the elastic ring through which the head must come, and you want to let it religiously alone. By placing the hand upon the head, you can keep it from descending. This is aided by telling the patient to cry out when she has the pain. Suppose the head comes down and the perineum looks as though it must give way, are you justified in making lateral incisions? I think so. I do it occasionally. It at least does no harm. It can be done with a blunt-pointed bistoury during a pain, and if a stitch is put in will heal quickly.

Where the perineum is rigid, ether may be used. During a long labor, the patient becomes worn out and nervous. As a result of the nervousness the perineum becomes dry. Warm water, with plenty of vaseline, will soften it; as a French physician has said, all that is necessary is plenty of grease and more patience. Ether aids in relaxing the parts. It has also the advantage of giving you complete control over the labor. When I say ether, I mean chloroform. As soon as the patient feels the pain, a few drops of chloroform may be put on the towel, and a few whiffs obtunds the pain. Chloroform, I think, does not interfere with the secretions as much as ether does. In my opinion, chloroform is the anæsthetic to be used in labor. It may be used with the Allis inhaler, or it may be given on a towel, precautions being taken to admit a free supply of fresh air.

Rapid Dilatation of the Cervix for Dysmenorrhœa.—Our next patient is a girl 19 years of age. Puberty began at the age of twelve years, and it was ushered in with severe pain, and menstruation has ever since been accompanied with pain. With such a history we should expect to find anteflexion, because this

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is the natural position of the womb. We rarely get posterior flexions except in women who have born children. There are, however, exceptions to this rule. Anteflexion *per se* is not a disease. I wish to impress that upon your minds. It is the natural position of the uterus. In cases of irritable bladder, where the patient has to pass water frequently, and has to get up several times during the night, it is rare to find that this is due to anteflexion. This is a point upon which the great majority of physicians err. An unmarried woman, or a married woman who has not born children, will come complaining of the symptoms of irritable bladder with bearing down pains. The physician makes a vaginal examination, and discovers the fundus of the uterus pressing upon the bladder, and at once jumps to the conclusion that the trouble is due to anteflexion, and treats her accordingly. Occasionally anteflexion will cause these symptoms, but it is only when the womb is hypertrophied or is the seat of a tumor. This condition of the bladder is, in the great majority of instances, a nervous one; it is hysterical and due to emotional influences. I will venture to say that in ninety-nine out of one hundred cases of irritable bladder associated with anteflexion, the trouble is entirely nervous. It is a nervous bladder.

Let us now turn to our patient. Examining with the finger, I do not find an anteflexion. We have here a retroversion. This displacement does not produce dysmenorrhœa. That stands to reason, for it is simply a tilting backwards of the whole organ. A retroflexion might cause dysmenorrhœa. In this case the difficulty must be due to a stenosis, or narrowing. This is one of the exceptional cases of retroversion in a virgin. By pushing hard, I get the sound past the external os. It seems a strange thing to me that the profession are divided as to the usual seat of the narrowing. Dr. Barnes, of London, and a number of English physicians, claim that the contraction is at the external os. The great majority, however, believe that the contraction is along the whole tract, but especially at the internal os. This is my opinion. Once in a while we get hold of a pin-hole external os, but I believe that in the majority of instances the whole canal and the internal os are the seats of the narrowing.

I shall at once proceed to dilate the cervix. The vagina will first be cleaned out with carbolized water. In this operation some lesions will be produced, and trouble might arise from the introduction of some offensive discharge from the vagina. This makes my two hundred and twenty-fourth case of dilatation of the cervix for dysmenorrhœa or sterility. In three-fourths of these cases I have not employed antiseptic precautions. I do not see that there has been any difference in the results, but, with our present knowledge, I feel that I should be unwarranted in performing any operation on the genitalia without antiseptic precautions.

I pass the dilator as far as it will go and then dilate a little, and continue to repeat this process until the ends of the instrument pass the internal os. The uterus, besides being retroverted, has a little bend, and I shall, therefore, turn the dilator inside of it so as to bring the organ into its normal position. Having prepared the way by the smaller dilator, I introduce a stronger instrument and gradually dilate.

In my opinion, this is, above all others, the operation for dysmenorrhœa and sterility. Sponge tents are hazardous, painful, and unsatisfactory. Last Saturday I performed dilatation in a case which had been treated with sponge tents without benefit. In the use of tents there is always a liability to produce septicæmia. Rapid dilatation is, however, not infallible, although in the majority of cases it succeeds. When I say that I expect to cure this girl, I do not mean that I shall relieve her of every vestige of pain, but she will have so little pain that she will not even have to take gin, which is, by the way, an excellent stimulant under these circumstances. She will have to go to bed. I was recently sent for to perform this operation in a case where the physician thought the patient could not live through another attack. I dilated up to one and one-fourth inches, and the patient has since had no trouble. In another case, the menstruation went from bad to worse, until, in the period before I saw her, two physicians were in attendance for forty-eight hours, giving chloroform. One dilatation cured her, and she never had to take another dose of medicine for the pain. I can recommend this operation to you for its successful results and its freedom from danger.

The patient is usually not compelled to remain in bed more than two or three days. In some cases there has been slight peritonitis, but never sufficient to cause any alarm.

I shall try to dilate this cervix up to one inch. You might think that this would cause

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a tear of the neck of the womb. In four or five cases I have had slight tears, which have, however, never required a suture.

While the dilator is in position, I shall throw some carbolized water into the cavity of the uterus. I usually employ the solution of bichloride of mercury (1 to 2000). After the operation, there will, of course, be some contraction, but a large amount of this stretching will be permanent. I leave the dilator in position until she begins to come out of the ether. A suppository, containing one grain of the aqueous extract of opium, was introduced at the beginning of the operation, so that it would commence to act when the effects of the ether passed off. She will now be put to bed, and, if necessary, the opium suppositories will be repeated, according to the severity of the pain.

ORIGINAL COMMUNICATIONS.

THE RESULTS OF SCLEROTOMY IN GLAUCOMA.

BY M. LANDESBERG, A.M., M.D., NEW YORK.

THE great divergence of opinion in regard to the value of sclerotomy in glaucoma, which is manifested in the different papers and discussions on the subject, and which I had occasion to experience in personal intercourse with the most prominent oculists during my recent trip through Europe, prompts me to lay briefly before the medical profession the results of my observations on the action of the new method of treatment in the different forms of glaucoma. These observations may claim a certain interest, if it were for the reason only that they are enabled to throw some light upon a question, the correct answer of which involves the solution of the whole problem. I have in mind the question relating to the durability and permanency of the effects of sclerotomy in glaucoma, which has hardly received due consideration until now. All statistical reports on operations, as they are generally presented, are but of relative value in judging of the intrinsic worth of the operative procedure. They tell us only of the immediate success or failure, they show us the condition of the cases at the time of their discharge from treatment. Of their after-history hardly any notice is given. And just this knowledge of the further condition of the cases in question is the touchstone by which the real value of any method of treatment should be tried. From the standpoint of severe criticism only such cases should be admitted to testify as trustworthy witnesses in the controversy about the merits or demerits of a new method of treatment which have continued to remain under the notice of the physician long after the cure proper had been effected. However small the number of such observations may be which are allotted to a single physician, every one of them has its great importance, for the reason that they have to be considered as bricks in the edifice, which can only be built up by collaboration, and patient observation of all laborers in the field of research. In this sense I beg the statistical data to be accepted. But I caution the profession to be guarded against regarding sclerotomy as a uniform operation performed by every surgeon after the same principles.

The term "sclerotomy" covers a great variety of operative procedures, some of which have nothing in common with each other but the name. The one oculist indulges in a very peripheral section through the sclera, with the intention to divide Schlemm's canal, which presents to him the only curative effect, the other makes the section through the corneo-scleral tissue, and still another through the transparent margin of the cornea. Galezowski makes with a knife, especially invented for the purpose, at the same sitting, four incisions of about four to five minims in length at the corneal margin (upwards, downwards, inwards, and outwards), in order to prevent prolapse of iris, which, on the contrary, is favored and intentionally produced by another. And there is no end to the modifications and variations of the operation. In view of these facts, which fully explain the contradictory statements of the different operators regarding the value and efficacy of sclerotomy in glaucoma, I deem it expedient to explain my acceptation of the term "sclerotomy," and to describe the method of operation I have employed in my practice. By "sclerotomy" I understand a distinct operation, which consists in making a section of the sclera without excision of the iris, avoiding the prolapse of the latter. This section I have made in the sclero-corneal border in the most cautious manner, in slow, drawing motions of a Graefe's knife, which was cautiously withdrawn after a flap as for linear extraction of cataract had been formed, allowing the *humor aqueous* to escape

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but very slowly. In the great majority of cases I left a scleral bridge; in a few instances the section was completed and the conjunctival flap cut. Instillations of eserine were freely used before the operation in order to bring about the utmost contraction of the pupil. In no case have anæsthetics been administered.

Of the ninety sclerotomies which I performed in the last nine years, from 1876 to 1885, there were:—

24	for	glaucoma	simplex.
23	"	"	subacutum.
6	"	"	acutum.
1	"	"	fulminans.
5	"	"	secondarium acutum.
10	"	"	inflammatorium chronicum.
21	"	"	absolutum.

The results of the operation were as follows:—

(*a*) *Glaucoma Simplex.*—Of the twenty-four cases of this affection, iridectomy had preceded in seven. Of these, six were permanently benefited by sclerotomy, as I had occasion to experience by a further observation, extending over a period of from eleven months to three years. In one case vision began to fail three months after sclerotomy, but no increase of tension, and no change in the ophthalmoscopic condition took place.

Of the seventeen cases in which sclerotomy had been resorted to from the beginning, there was a full success in eight, with considerable increase in vision, and a great enlargement in the field of vision. The favorable result could be ascertained in seven instances, during a further observation of from eleven months to four years.

In two cases relapse occurred after a year of perfect health. A second sclerotomy effected permanent cure in one case (four years' observation); the other suffered total loss of vision after iridectomy had been performed by another surgeon.

In two cases, with eccentrical fixation and great reduction of vision, sclerotomy succeeded in checking the morbid processes, which remained stationary during a further observation of seven months.

In three cases prolapse of the iris occurred during section, which necessitated iridectomy.

In two cases, with morbid alterations in the background of the eye, intraocular hemorrhages followed in the course of after-treatment, leading in one instance to total blindness. In the other, vision decreased from $\frac{1}{40}$ to $\frac{1}{70}$. Iridectomy, performed by another oculist, did not check the progress of the affection, and reduced vision to counting fingers at six feet distance.

(*b*) *Subacute Glaucoma.*—In this affection sclerotomy was performed nine times for relapse after iridectomy, twice in aphakial eyes and twelve times primarily.

Of the nine cases in which iridectomy had preceded, a full success was obtained in eight. Vision improved, and field of vision enlarged. The condition remained permanent during a further observation extending over a period of from two to six years. In one case in which vision had decreased after iridectomy, sclerotomy succeeded in checking the progress of the affection and preserved the remaining vision.

Of the two instances of subacute glaucoma in aphakial eyes, I observed the one in my own patient, of seventy-four years of age, whose right eye was attacked by glaucoma on the seventh day after operation for cataract in its capsule had been successfully made. Sclerotomy checked at once the morbid process. Recovery was good. No excavation of the optic disc, and no limitation of the field of vision remained.

The second case was that of a man fifty-four years of age, in whose right eye subacute glaucoma developed five years after the operation for cataract had successfully been performed. Sclerotomy restored normal tension and brought vision from $\frac{6}{200}$ to $\frac{3}{70}$. Field of vision did not enlarge.

Of the twelve cases in which iridectomy was resorted to from the outset, prolapse of iris occurred in two, which necessitated iridectomy. In three cases intraocular hemorrhages followed the operation, leading to total loss of vision. In one case relapse occurred after three months. In the others the full effect of the operation remained permanent during an observation of from two to six years.

(*c*) *Acute Glaucoma.*—Of the six instances of this affection iridectomy had preceded in two, which were permanently cured by sclerotomy. Of the cases in which sclerotomy was primarily performed, there was an acute exacerbation of the morbid process in one, which led to iridocyclitis, and consequently to phthisis of the eyeball. In the three others a full and permanent cure was obtained by the operation, as was shown by a further observation of three years.

(*d*) *Fulminant Glaucoma.*—In this case there was perfect recovery after sclerotomy, with no change in the condition during a further observation of years.

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(*e*) *Secondary Glaucoma.*—In two instances of acute and in three of subacute glaucoma, which developed in the course of corneal ulcerations, serous iritis, and irido-choroiditis, sclerotomy succeeded in checking the morbid process, and in restoring normal conditions, which were maintained during a further observation of from three to five years.

(*f*) *Chronic Inflammatory Glaucoma.*—Of the ten cases of this form, iridectomy had preceded in four. Of these, sclerotomy failed in one, and obtained a fair success in the others. Of the six cases in which sclerotomy was performed primarily, the morbid process was checked in all, with improvement of vision in five. A further observation of two cases showed the improvement permanent for over five years in one, and only transitory in the other.

(*g*) *Absolute Glaucoma.*—In consequence of acute exacerbation of the morbid process in absolute glaucoma twenty-one sclerotomies were performed, in nineteen cases of which four presented one and two double iridectomy. Prolapse of iris occurred in one instance, and in two others sclerotomy failed to abate the symptoms of inflammation. In the other eighteen cases the immediate result of the operation was most beneficial. Symptoms of irritation subsided, and tension became mostly normal. The effect remained stationary in sixteen cases, during a further observation, covering a period of from five months to eight years. A relapse occurred in two cases after a free interval of eight weeks and seven months respectively, which was checked by a second sclerotomy.

A *résumé* of the results obtained by sclerotomy in the ninety cases of different forms of glaucoma will show:

Full success in	70	instances.
Medium success in	6	"
Prolapse of iris in	6	"
Failure in	8	"

The facts show that sclerotomy shares with iridectomy the property of diminishing the intraocular pressure, checking the glaucomatous process, and securing a certain restitution in the functions of the eye. Certainly this aim is not always attained, and sclerotomy also shares with iridectomy its failures. But sclerotomy, if it succeeds, has the great advantage over iridectomy that, by leaving the iris intact, it is not accompanied with the optical disadvantages (symptoms of dazzling, polyopia, etc.), which are so often caused by the latter.

Summing up the results of my observations, I do not hesitate to put forth sclerotomy as the first indication in the following conditions:—

1. In absolute glaucoma.

2. In secondary glaucoma and in glaucomatous-like conditions of the eye, as observed in iritis, serous choriditis, in certain forms of keratitis, etc.

3. In all cases of glaucoma, in which iridectomy had been made, and the reappearance of the glaucomatous process necessitates the repetition of the operative procedure.

4. In glaucoma simplex, especially where the visual field is contracted nearly to the point of fixation.

5. In chronic inflammatory glaucoma, with contraction of the field of vision up to the point of fixation or over the latter.

In all other instances sclerotomy may be resorted to, provided there can be obtained a perfect contraction of the pupil under eserine.

ON THE NECESSITY FOR ADDITIONS TO THE MEDICAL JURISPRUDENCE OF MENTAL DISEASES.

BY EDWARD C. MANN, M.D.

Member of the New York County Medical Society, New York Medico-Legal Society, etc.

(Concluded from August number.)

WE may have partial insanity, in which either the intellect, the emotions, or the will may be together or separately affected by disease in a manner to completely annul responsibility. We are aware that our views are diametrically opposite to those of Lord Hale, who, by the light of an ancient mental pathology, said, "Partial insanity does not excuse the commission of an offence in its matter capital." Lord Hale acknowledges himself that "it is very difficult to define the invisible line that divides between perfect and partial insanity."

If we say that a person who has sufficient mental capacity to distinguish between right and wrong in reference to his particular act, and to be conscious that it is wrong, is sane, then we must empty our insane asylums of one-half their inmates, as they are by this test of sanity held there unjustly and in defiance of law.

If an individual, by reason of disease affecting the mind, entertains false truths, has un-

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warranted and unsound delusions or hallucinations of the special senses, has his natural affections perverted by disease, cannot estimate correctly the amount of property he is possessed of, has delusion of wealth or grandeur, has not the capacity to exercise mental control over his actions, or the capacity to exercise will in reference to his conduct, he has not proper testamentary capacity.

Testamentary Capacity.—If an individual is intellectually and morally sane in reference to the commission or execution of a legal document, understands the nature and amount of property he is disposing of; does not ignore the claims of natural relationship, is not influenced in the making of a will by delusions respecting those nearest and dearest to him, such an instrument is valid even if the person making such an instrument be the subject of mental disease and confined in an institution for the treatment of mental disorders.

In delusional insanity it must be remembered that the premises reasoned from by the lunatic are uniformly false. The intellect is diseased. The imagination is diseased and disordered. Morbid delusions and not real circumstances are the impelling motives to act.

Mania has two divisions: the first embraces intellectual mania, both general and partial. The second, moral mania both general and partial. This division or classification of the active forms of mania will fail to be clearly understood except by those who have accustomed themselves to look at the mind in its sane state, as being made up of intellectual and moral powers and faculties, and of clearly discriminating the differences between them. The distinct office of the one is to originate and elaborate all the diversified forms of thought; to perceive, conceive, imagine, remember, judge, associate, reason. That of the other, is to produce every modified form of feeling, to give birth to emotion, passions, desires, everything that impels or in any degree feels. The relations in which these two departments stand to each other, are in the highest degree interesting. The moral faculties, embracing, as they do, all the instincts, propensities, sentiments, and affective powers, are, in themselves, perfectly blind, and absolutely require the aid of the intellect to guide and to enable them to work out their various purposes. On the other hand, the intellectual faculties derive all their motives to exertion from the moral department, without the promptings of which they probably never would exert themselves, except in the feeblest manner.

In the moral or affective department is lodged the immense magazines of motives, that exert their ceaseless and widely diversified influence on all the stirring activities of life.

As intellectual mania arises from the perverted action of the faculties that form ideas, and moral mania from those that furnish feelings, emotions, motives, and passions, we should naturally expect to find the first more characterized by the conversation, and the last by the conduct of the individual. This, accordingly, will be found to be the fact, and it affords one of the best means of discriminating between the two.

Moral Insanity.—Hitherto, the attention has only been directed to the exaltation and perverted action of those faculties that constitute the intellectual part of man's nature. It is perfectly obvious, however, that the affective or moral powers are equally as essential as the intellectual in constituting a complete human mind. Nor can the organs of these faculties claim an exemption from disease; nor the faculties themselves from perversion and derangement. Hence, another form of active mania, which has been termed moral mania. This was never recognized as a distinct form of mental alienation until the time of Pinel. He was the first to observe, about the commencement of the present century, that where there was no lesion of the understanding, no delusion or hallucination of intellect, there might exist a kind of instinctive or abstract fury, which could only be referable to the affective powers. This is now very universally admitted by the most approved authors on mental alienation. It is defined to consist in "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect or knowing and reasoning faculties, and particularly without any maniacal hallucination."—(Guy's Principles of Forensic Medicine, page 306.)

In general moral insanity, a strict inquiry must be made in relation to the former habits, disposition, and modes of feeling and action. This will probably result in one of two things. Either a marked change will be found to have occurred, which will be likely to date from the period when was sustained some reverse of fortune, or experienced the loss of some near and dear relative, or the alteration will be found to

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have been gradual and imperceptible, consisting in an exaltation or increase of peculiarities which were always natural or habitual. There is also another tolerably extensive class of cases in which the change has been subsequent upon some shock which the bodily constitution has undergone; and this has been either a disorder affecting the head, an attack of paralysis, a fit of epilepsy, or some fever or inflammatory disorder. The change, however brought about, is always found in the temper, disposition, habits, and moral qualities of the individual, and is uncomplicated with any delusion, or other evidence of derangement of the intellectual faculties. It is properly described by Hoffbauer as being a state in which the reason has lost its empire over the passions, and the actions by which they are manifested, to such a degree that the individual can neither repress the former nor abstain from the latter. It does not follow that he may not be in possession of his senses, and even his usual intelligence; since, in order to resist the impulse of the passions, it is not sufficient that the reason should impart its counsels, he must have the necessary power to obey them. The maniac may judge correctly of his actions, without being in a condition to repress his passions, and to abstain from the acts of violence to which they impel him.

Partial moral mania consists in the deranged or perverted action of one or a few of the affective or moral power or faculties. The effect of it is to place the individual under the dominion of some one vice or ruling idea, which exercises a sway perfectly tyrannical over the entire man and his actions. Every moral power of faculty is likely to be perverted or deranged in its manifestations; but those which are the most prominent, and the most frequently exhibited in the affairs and conduct of life are the most liable to deranged action.

Respecting Homicidal Moral Insanity.—This at the present day is a subject of immense interest throughout the civilized world. Here, in a most peculiar manner, and with most appalling results, is shown the amazing strength of insane impulse, which, by a power and energy resistless, impels the wretched being to destroy life, without a motive to actuate, or an end to be attained or object to be accomplished. Individuals in the full possession of their usual powers of intellect, whose social and moral organization to all appearance remains unaffected, have imbrued their hands in the blood of the innocent, frequently in that of their own wives and children, simply because they felt that they must destroy.

Respecting Irresponsibility in Moral Insanity.—Irresponsibility in moral mania rests on a different principle from that of intellectual. There is here no delusion, no false assumption of fancies for facts. The intellectual faculties may remain undisturbed in their operations, while the moral are exhibiting every variety of derangement. This, it is true, seldom occurs, as extensive derangement of the moral power is commonly accompanied with some perversion of those of the intellect. Nevertheless, as the one set of faculties is independent of the other, there exists the possibility of their separate derangement. As the moral powers embrace the motives and promptings to action, the derangement of one or more of them must seriously affect the volition upon which the act depends. Actions are volitions carried to their extremest limits. They take place when nothing is wanting to render the volition complete, and they are themselves its most perfect evidence. Without the proof they furnish, there is no accountability to human law, as man can be accountable to God only for the volition he forms in his own mind but leaves unexecuted. The principle of forming volitions and of carrying them out into acts must be fully possessed, to render a being accountable. When, therefore, the first is necessarily rendered incomplete, or the last prevented by some insurmountable obstacle, all accountability is destroyed. It is in the first only that we witness the agency of moral mania. It is a disturbing element thrown into the very sources whence volitions are derived; and either contribute, in a large measure, to the formation of those that would otherwise remain unformed, or prevents the formation of others that would otherwise be formed. In either way, it disturbs the ordinary normal operations of mind, and thus absolves it from accountability. It is not easy to define in what respect this new element modifies the volition or the act. The inquiry in relation to the former is unnecessary, except so far as it qualifies the latter. In regard to the manner or respect in which it modifies or affects the latter, so as to absolve from its consequences, there can never be expected an entire agreement between writers or thinkers, or even the decision of

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judicial tribunals. I have supposed we might find in irresistibility a principle upon which all might agree. That whenever this quality should be found attached to an act, so far as to control it, the actor, in respect to such act, should be deemed irresponsible. Without moral liberty there can be no responsibility for crime. In the normal, sane state of the faculties, this enters as an essential element. In the deranged state of the normal faculties, where the sources of impulse, motive, and feeling are perverted and deranged, this liberty is destroyed, and with it the accountability for actions. Irresistibility, where it arises from deranged or perverted actions should absolve from all accountability, because—

1st. The act is unavoidable, and the action, therefore, is no more a subject of punishment than a machine for going wrong when some part of its machinery is out of order. To administer punishment under such circumstances would shock all the moral sympathies of men.

2d. One of the purposes of punishment could never be answered by it, viz., the reformation of the criminal. If the act be irresistible, the whole effect of punishment upon the individual must be lost.

3d. Another of the purposes of punishment would remain equally unanswered, viz., the salutary effect to be produced by it upon the minds of others. That effect, instead of being salutary, would be in a high degree injurious, as it would shock all moral sensibilities, and create a horror of the law itself, which could thus needlessly sacrifice life without answering any good end or purpose. From this view it should follow:—

That in any given case, where insanity is alleged as a defence for homicide, that if at the time of the killing the reason and mental powers of the individual who committed the deed were so deficient that he had no will, no conscience or controlling mental power; or if, at the time of the homicide, through the overwhelming violence of mental disease, his intellectual power was for the time obliterated; then in either of such cases the individual should not be held guilty of murder, or, if from the evidence in the case it shall appear that the individual who committed the homicide was for a long time before and at the time of the killing laboring under mental disease, attended with delusion, and that, in a paroxysm or outbreak of this disease of the mind, his reason and judgment were for a time overwhelmed and suspended, and while they were thus overwhelmed and suspended, the individual committed a homicidal act, the individual is not guilty of murder; or if by reason of mental disease an individual becomes subject to great, causeless, and violent paroxysms of rage, so that in any given case his power of distinguishing whether he is committing a crime or not is lost or suspended, he would not be guilty of murder, if he committed a homicide; or, if in any given case the evidence shall show that from any predisposing cause an individual's mind is impaired, so that there is a prolonged change in his character, becoming sad, gloomy, and unsociable, and without interest in things he was formerly interested in; and that under the influence of said causes he becomes incapable of governing himself in reference to any particular person, and at the time of his committing a homicide is, by reason of said causes, unconscious that he is committing a crime as to such particular person, he should not be held guilty of murder in case of a homicidal act committed on such person.

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*AN ADDRESS IN MEDICINE.**

BY JOHN V. SHOEMAKER, A.M., M.D.

MR. PRESIDENT AND GENTLEMEN: The honor which you conferred in appointing me to prepare the address on medicine for the present session carries with it great labor and serious responsibility. The ideal address on medicine should contain not only a *résumé* of the progress made and the new discoveries announced in the different branches of our science during the previous year, but it should also contain a critical examination of the statements made and the theories advanced in each department of medicine, so that the chaff can be winnowed from the wheat, and our knowledge strengthened by the addition of valuable truths and the rejection of worthless statements and visionary theories. This task, which would not be easy under any circumstances, has been increased to a formidable degree during the past four years by the overgrowth of modern specialism. Indeed special-

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ism has developed in a comparatively short period from the necessary and legitimate consideration of diseases of the eye and ear, and one or two other organs, into a monstrous incubus which casts a shadow over every department of medicine.

It would be the height of folly to deny that all the advances in medicine are the result of clinical observation and experimentation combined with thorough investigation of the functions of the different organs of the body, and the manner in which those functions are modified in health and in disease by various therapeutic agents, but no real addition to our knowledge has been, or can be made by the purblind specialist who attributes all the ills of humanity to a derangement of the organ which he has made his study. He is the bane of modern medicine. The antidote is to let him alone severely. Not understanding or not appreciating the fact that the bond of sympathy between every organ of the body is so close that when one is affected all of the rest suffer, he contributes little to the general fund of information but a multitude of words which are intended to magnify himself and mystify his hearers. Emboldened by the tolerance with which he has been received, he has become so arrogant as to assume that the medical wisdom of all the ages is centered in his person, and that he is the master and not merely the supernumerary of the profession. I trust that this absurd delusion will soon be dispelled and that the practitioners of this State and country will arouse to the necessity of checking the further growth of this excrescence on the body politic.

The thoughtful, reading, busy country practitioner is fully competent to treat and cure any curable affection, and if a cure be impossible, the patient's sufferings can be alleviated and his life prolonged just as well and as scientifically at home as in New York, Philadelphia, or Boston. The successes of the specialists are heralded to the world; their mistakes and their failures are passed over in silence. No two trees in a forest are of exactly the same size, and there are, and always will be physicians who are preëminent among the prominent of the profession, but the assertion that there are any diseases which the general practitioner should not attempt to treat is contemptible and untrue. In fact the arrogance of modern specialism is frequently surpassed by its ignorance. It is only a short time ago since one of the most pretentious of New York specialists argued violently that the respiration in croup is slower than normal. Country practitioners who have seen children panting for air, while their respirations rose to 50, 60, 80, and 90 per minute can see from this that overbearing egotism does not always imply intellectual superiority. Many other instances might be referred to, such as exsecting a rib for an imaginary empyema, opening the gall-bladder in search of gall-stones that existed only in the mind of the operator, the barbarous and useless castration of women, and similar outrages. Suffice it to say that the columns of the current medical journals contain ample evidence of the ability of the general practitioner to meet all emergencies, and show that the claim of superior intelligence on the part of the specialist is utterly unfounded. The glory of American medicine does not rest upon the inherited qualities of any one man or set of men, but upon the learning and skill of the medical profession of the entire country.

The most practical observations on medical physiology which have appeared during the year are those of Alexander Harkin, of Belfast, in which he directed attention to the many disorders of the genital organs which are produced by congestion of the medulla oblongata. If Dr. Harkin's admirable observations on this subject were carefully studied by modern gynæcologists the present craze for castrating women would speedily subside. Dr. Harkin has also called attention to the depression of the sympathetic nervous system in cholera, and the necessity of adopting measures to counteract that depression.

Dr. Isaac Ott, of Easton, Pa., began a series of investigations some time ago to ascertain what relation the nervous system bore to the production of heat and the maintenance of the temperature of the body. These researches are not finished yet, but enough has been ascertained to indicate the existence of heat centres in the cerebrum, and that they are situated in the anterior portion of the optic thalami or in the cortex surrounding the corpora striata.

A curious case reported by M. Tarchanoff is that of a medical student who possesses the power of retarding and accelerating the beats of his heart at will.

Ewald and Boas, of Berlin, have made a

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series of investigations of the process of digestion, as the result of which they state that stomachic digestion consists of three stages: during the first stage, which lasts half an hour, the gastric juice contains lactic acid; in the second stage, occupying from half an hour to an hour, both lactic and hydrochloric acids are present; during the third stage, consuming an hour or an hour and a half, hydrochloric acid is the only acid exhibited.

The field of bacterial investigation is still being diligently worked, but no very practical results have yet been arrived at. Virchow acknowledges the importance of this subject, but justly deprecates the folly of assigning a bacterial origin to all maladies, and believes that the day of the cells will soon come again. The subject of ptomaines has also received considerable attention. The poison of decaying cheese has been isolated by Dr. Vaughan and termed tyrotoxicon.

The theory that the poison of cholera acts primarily on the mucous membrane of the intestinal canal and secondarily upon the sympathetic nervous system has gained many adherents during the past year. The treatment based upon this theory consists in the addition of dilute sulphuric acid to all drinking water as a prophylactic measure, and in the administration in the early stages of the disease of large doses of calomel or ipecacuanha in order to produce a free outflow of bile into the intestinal tract, the biliary secretion being destructive to all forms of low organisms. In the second stage the depression of the sympathetic nervous system can be most effectually counteracted by the administration of atropia, strychnia, and capsicum. Dr. Harkin has obtained brilliant results from the application of blisters over the course of the upper portion of the pneumogastric nerve in severe cases of cholera morbus, and earnestly urges a trial of the same measure in true cholera. Dr. W. B. Ryan, of Indiana, has directed the attention of the profession to belladonna or its alkaloid, atropia, in the treatment of cholera infantum. As this disease does not differ materially either in etiology or symptomatology from the cholera morbus and sporadic cholera of adults, there can be no doubt of the value of belladonna in its management. Dr. Ryan is certainly entitled to our warmest gratitude for presenting the profession with an effective remedy for this dreaded complaint of infantile life. The prevention of cholera infantum is of even more importance than its successful treatment. The best prophylactic measure is frequent bathing of the entire surface with cold water. Attention to the diet is also of prime importance, but unless the effects of the excessive summer heat be counteracted by the free use of cold water great mortality will ensue. After an attack has been fully developed cold bathing will still be found beneficial, and in many cases indispensable.

Dr. J. J. Mulheron, of Detroit, has truly said that "Baths hold an important place in the treatment of the fever of cholera infantum. The soothing influence of a cold bath on a child whose temperature has reached 103° Fahr., and the increased activity of the drugs administered after the bath, need but to be witnessed to make converts to this much neglected remedy in the treatment of cholera infantum. The child should be immersed up to the neck in water at a temperature of 95° Fahr., to which cold water should be added until the bath reaches 70° Fahr. or even lower, the condition of the patient, his temperature, etc., being the guide to the reduction. No hard-and-fast rules can be laid down to govern the temperature of the bath or its frequency; the condition of the infant must be the guide which the good sense of the physician must be trusted to interpret and follow."

Several articles have been published during the past year in reference to the hypodermic use of antipyrin in the treatment of sunstroke or thermic fever. The results do not appear to justify its further employment. Sunstroke can be averted by drinking freely of cold water and avoiding excessive exertion during the heated term. If an attack supervenes the best remedies are free ventilation and the copious external application of cold water. If the pulse be full and bounding, venesection may be resorted to with advantage, or aconite may be administered hypodermically.

Dr. H. C. Wood has observed a number of cases of lead poisoning, in which the true nature of the malady was not suspected for a long time, and urges that a careful examination of the urine should be made for lead in all obscure cases of long standing. In connection with this subject it may be stated that Dr. W. S. Janney believes that, in our climate, few, if any cases of cholera morbus occurring in persons not previously debilitated will ter-

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minate fatally, and that many of the deaths which are attributed to that disease are in reality due to the secret administration of a vegetable or a mineral poison.

Dr. Pavy has directed attention to the fact that the presence of albumen in the urine unaccompanied with other symptoms does not necessarily imply a diseased condition of the kidneys. There are many persons whose urine becomes albuminous whenever the blood-pressure is increased as by exercise, mental strain, or a heavy meal, but the albumen disappears in a few hours and the general health remains entirely unaffected. Small quantities of sugar may also appear in the urine occasionally without possessing any special significance.

Several writers in this country and in England have claimed that the relationship between quinsy and rheumatism is so close that practically speaking the former may be defined to be a localized rheumatic inflammation of the tonsils. In proof of this they point to the fact that the majority of cases of quinsy occur during cold, damp weather, and are benefited by the salicylates and alkalies. This argument is ingenious but not convincing. The salicylates and alkalies are beneficial in quinsy because of their sedative and derivative antiphlogistic action, and not because of their antagonism to an imaginary rheumatic etiological factor. Far better results can be obtained moreover by the administration of aconite and guaiac in doses sufficient to produce free diaphoresis and a decided reduction in the force and frequency of the cardiac movements.

Pulmonary syphilis has received considerable attention, but not as much as its frequency and its importance deserve. The principal diagnostic points by which it can be differentiated from pulmonary tuberculosis are the history of a specific infection, the dry, irritating character of the cough, the absence or insignificant character of the râles, the absence or infrequent occurrence of hæmoptysis, the normal appearance of the chest notwithstanding the large area of induration, the substernal tenderness, the thickening of the tibia and clavicles, the absence of bacilli from the sputa, and finally, the absence of severe febrile symptoms; the temperature usually remaining about normal and rarely rising above 101 or 102° until late in the course of the disease. Improvement rapidly follows the internal administration of mercury and potassium iodide. In cerebral syphilis the most effective results can be obtained from mercury used hypodermatically or by inunctions, as by either of these methods the system can be more quickly impressed with the remedy.

Dr. Wilkinson has directed attention to the value of hypodermic injections of carbolic acid in carbuncle. Drs. Schuppert, Stewart, and Woodbury, in a series of valuable articles, have insisted upon the necessity of recognizing the difference between tetanus and tetany. The prognosis in the latter disease is almost always favorable while in the former recovery is rare. Tetanus is almost invariably a complication of a preëxisting wound or injury, while the so-called idiopathic tetanus is not true tetanus, but tetany. In tetanus the muscles of the jaws and trunk are primarily involved, in tetany they are not affected at all or only secondarily, the spasmodic contractions being usually limited to the muscles of the extremities. In tetanus the pain is agonizing, while in tetany it is comparatively slight.

The treatment of acute and chronic alcoholism by large doses of nux vomica or its alkaloid, strychnia, has been employed by many American and European practitioners with uniformly gratifying results.

The difficulty of making a diagnosis of gastric ulcer has been painfully illustrated in several cases, occurring recently in Philadelphia, in which the existence of this lesion was not suspected until actual perforation of the stomach took place followed by violent peritonitis and death. No blame can be attached to the attending physicians, for there were no symptoms indicative of the disease until medical aid was useless. It would be well, however, to bear these cases in mind when consulted for vague gastric symptoms, and to test the effect of the dietetic and therapeutic treatment appropriate for ulceration of the stomach, if other measures do not give prompt relief.

The neurotic treatment of coryza has been enthusiastically advocated by Dr. Lees, of London. This treatment consists of the administration of belladonna and bromide of potassium and the local application of cocaine, and is admirably adapted to those cases which are produced by exposure to cold and dampness. The epidemic cases, however, which are assumed to be due to minute bacteria can be more effectually treated by the use of large doses of quinine, from three to ten grains three

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times daily. Dr. Davidson, of Georgia, has directed attention to the value of the hypodermic administration of nux vomica in the treatment of opium poisoning, and Dr. O'Daniels, of the same State, has obtained the most gratifying results from phytolacca decandra in the treatment of orchitis.

While no brilliant discovery like that of cocaine has been made in the field of therapeutic research since our last meeting, several valuable additions have been made to our armamentarium and our confidence in many older agents has been increased. Alveloz, a South American remedy for cancer, has been tested in a few cases with apparently good results. The pain has been mitigated, the discharge lessened, the fetor removed, and the ulcerative process checked. Dr. Smith Townsend has reported a case of lupus of the face of forty years' standing which had resisted all previous treatment but was cured by a few applications of alveloz.

Kairin and antipyrin have been found to be prompt antipyretics. Unfortunately the reduction of temperature which they produce is of brief duration and is frequently accompanied by the most alarming symptoms of depression. In one case fatal collapse ensued; the judicious practitioner will avoid their use for the present and rely upon aconite, quinine, salicylate of soda, oily inunctions, and cold affusions. The safest and most efficient antipyretic is cold water applied either in the form of cold baths, sponge baths, or the wet-pack. It must be remembered, however, that the fever does not constitute the whole disease, and that heroic antipyretic measures are not indicated when the temperature does not exceed 103° Fahr.

A process, termed pneumatic differentiation, has been introduced as a panacea for all pulmonary affections, and a number of elaborate articles have been published in commendation of it in various medical journals. A company has been formed to manufacture pneumatic cabinets, and the announcement is made that the cabinets will be rented to reputable physicians for the modest sum of two hundred and fifty dollars a year. The cabinet is practically an air-tight box in which the patient sits while a slightly greater quantity of air is forced into his lungs than he usually inspires. Some benefit naturally follows this increased admission of oxygen into the circulation, but greater benefit can be obtained by simply directing the patient to habitually breathe fully, slowly, and deeply while pursuing his ordinary avocation.

The peroxide of hydrogen, which is simply water impregnated with an excess of oxygen, has been found to be a valuable antiseptic when used as an injection in leucorrhœa, gonorrhœa, cystitis and otorrhœa, and as a local application in diphtheria, foul ulcers, and fistulous tracts.

Antiseptic inhalations have long been used with benefit in whooping-cough and bronchorrhœa as well as in phthisis. Among those which are now regarded as especially valuable are inhalations of creosote, turpentine, iodine, eucalyptus, benzoic acid, and carbolic acid.

Rhus aromatica, which was recommended years ago by Dr. N. S. Davis as a valuable remedy for incontinence of urine, is now coming into general use for that annoying complaint.

M. Caulet has directed attention to the value of the cold foot bath in insomnia and the various disorders dependent upon cerebral congestion.

Thallin, which was introduced as the ideal antipyretic, has been found to be more unreliable and dangerous than either antipyrin or kairin.

Syzygium jambolanum (jambol) has been recommended as a specific for diabetes. Clacius employed it in several cases, all of which exhibited marked improvement in a very short time, but further trial will be necessary to determine its value.

Jamaica dog-wood (piscidia erythrina) has been found to be a valuable sedative and hypnotic, and has the advantage of not being followed by constipation and nervous depression.

Hypnone and urethan also possess valuable hypnotic qualities, but their poisonous action upon the lower animals demands caution in their employment upon man.

Cascara sagrada has been ascertained to be an efficient tonic and laxative. It promotes the appetite, assists digestion, and overcomes constipation without producing any unpleasant effects whatever, and deserves to be admitted into the United States Pharmacopœia.

Dr. F. T. Paine has directed attention to the value of salix nigra in ovarian neuralgia, dysmenorrhœa, and all irritative conditions of the genito-urinary organs.

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Dr. Tovar, of Cuba, has stated that partheninе, the active constituent of partheninum hysterophorus, possesses marked value as an antipyretic and antiperiodic. The plant is used by the natives of Cuba as a substitute for quinine, to which it appears to be only slightly inferior. Its qualities deserve further investigation.

According to Korab and others, helenina, the active principle of inula helenium (elecampane), is a powerful antiseptic. A few drops of the solution of helenina immediately killed the organisms in ordinary infusions and proved fatal to the bacilli of tuberculosis.

It is recommended in cholera, cholera infantum, malarial fever, and all the zymotic diseases, and may be substituted with advantage for carbolic acid in all preparations for external use.

Hyoscine has been thoroughly investigated by Dr. H. C. Wood and others, and found to be a potent sedative and hypnotic, and invaluable in the treatment of many disorders of the nervous system. As its action is prompt, and the susceptibility of individuals varies, the initial dose should not exceed gr. $\frac{1}{100}$.

Hamamelis Virginiana has been somewhat neglected by American therapeutists, but European physicians who have employed it believe it to be without a superior as an astringent and hæmostatic. It has been used with remarkable benefit in menorrhagia, hæmoptysis, hæmophilia, intestinal hæmorrhage, painful hæmorrhoids, purpura and varicose veins.

Nitro glycerine has retained its position as the remedy *par excellence* for angina pectoris and chronic interstitial nephritis. It is also effective in the treatment of shock, opium poisoning, cardiac asthma, cerebral hemorrhage, and in failure of the heart's action during the administration of chloroform.

Strophanthus hispidus, a new remedy which has been introduced by Professor T. R. Fraser, promises to take the first rank as a cardiac tonic and stimulant.

According to M. Germain Sée, sparteine, the active principle of spartium scoparium, the ordinary broom-plant, is also a powerful cardiac tonic similar to digitalis and convallaria, but more prompt in its action and more durable in its effects. Broom has long been known to be a valuable tonic diuretic. Liebrich, to whom we are indebted for the discovery of chloral, has called attention to the value of lanolin as a basis for ointments. Lanolin is an animal fat derived from wool and other keratin bearing tissues. It is not a panacea. It will not answer to employ it in all cases of skin disease, but it is readily absorbed, and possesses many advantages over the materials ordinarily employed as the basis for ointments. Lewinin, a resinous extract obtained from the root of piper methysticum, has been ascertained to be a local anæsthetic of considerable value but not equal to cocaine. Hydrastis and its alkaloid, hydrastine, have been employed in dyspepsia, melancholia, neurasthenia, and various forms of skin diseases with beneficial results. Rothe has ascertained that urtica dioica, the stinging nettle, possesses valuable hæmostatic properties. Boldo has been tested by several distinguished French clinicians and found to be a valuable hypnotic and soporific. Pyridine, one of the constituents of tobacco smoke, has been introduced for the treatment of asthma, but does not seem to possess any advantages over the remedies usually employed.

Terebene, a derivative of oil of turpentine, has been investigated by Murrell and found to be especially valuable in the treatment of winter cough, bronchorrhœa, and other forms of sub-acute and chronic bronchitis. It appears to have a sedative as well as a stimulating effect upon the mucous membrane of the respiratory tract, allaying irritation and assisting expectoration.

Attention has been directed to the value of osmic acid administered hypodermically in obstinate cases of sciatica. Sedum acre has been employed in diphtheria with apparent benefit. Ichthyol has been found effective as a local application in chronic eczema and psoriasis, pruritus, and acute and chronic rheumatism. Its value is due to the large percentage of sulphur which it contains.

Euphorbia pilulifera has been recommended for asthma. Salicylic acid has been found useful in the treatment of diarrhœa. Large doses of sulphur have been asserted to be curative in dysentery. Caffeine has been thoroughly studied, and is believed to be but little, if at all inferior to digitalis as a diuretic and cardiac stimulant. Its effects are less durable, but its action is more prompt and devoid of the dangers of digitalis. Renewed attention has been given to the subject of lavage in various gastric disorders and to the

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efficacy of oxalate of cerium in large doses as a gastric sedative. Arsenic has been found to be of especial value in the treatment of pernicious anæmia and other wasting diseases.

The subject of dietetics has attracted considerable attention during the past year and will receive far more in the future. Improper or unsuitable food is the most potent factor in the production and maintenance of many morbid conditions, and while temporary benefit can be obtained by the administration of medicines, no lasting cure can be effected until the exciting cause is removed. It does not require the gift of prophecy to foretell that in the near future dietetics and hygiene will be the watchwords of preventive medicine, and dietetics and therapeutics those of practical medicine.

It is impossible for me to close this address without deploring the loss which the American medical profession has sustained in the death of Dr. Austin Flint, Sr. Preëminent as a writer, teacher, and practitioner of medicine; acknowledged without a dissenting voice to be the greatest of American physicians, he bore his honors modestly, and never arrogantly asserted his superiority or used his great authority to the disadvantage of the humblest of his professional brethren. Kind of heart, studious of disposition, refined in conversation, gentle and magnanimous in character, faithful to the American Medical Association to the end, he passed away surrounded by love, honor, and scores of friends; but his work lives after him, and his spirit is with us still. For as Longfellow has beautifully said:—

"Were a star quenched on high,
For ages would its light
Stream downward from the sky
Upon our mortal sight.

"So when a great man dies;
For years beyond our ken
The light he leaves behind him lies
Upon the paths of men."

—*Journal of American Medical Association.*

MARCH (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending a copy of this number to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

THERAPEUTIC NOTES.

BICHLORIDE OF MERCURY IN TUBERCULOSIS.

A striking illustration of the value of the bichloride of mercury in the treatment of tuberculosis may be found in the case of S. T. M., aged thirty-eight years, who came, October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnœa, hoarseness, frequent chills followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day.

The sputum was so rich in tubercle bacilli that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury prepared as follows:—

℞. Hydrarg bichlor. . . . gr. ij.
Aqua destillatæ . . . Oj.
Sodii chloridi . . . ʒj.
M. Ft. sol.

He was ordered pills of the bichloride gr. $\frac{1}{10}$ each, one before each meal and at night, and a pill composed of assafœtida gr. iij, and ext. of nux vomica gr. ¼, to be taken at the same time. In six weeks he was walking the fields, five or six miles daily, hunting game. He was married last January, and is now out West.—*Progress.*

TREATMENT OF THE CYSTITIS OF BLENORRHAGIA.

Take every day three of the following powders in an infusion of linseed:—

℞. Powd. leaves of hyoscyamus gr. xx.
Sugar . . . . ʒiv.
M. Sig.—Divide into seven powders.

If the pain resists, a tablespoonful, every half hour, of the following infusion will be found very efficacious:—

℞. Hyoscyamus leaves . . gr. xlv.
Boiling water . . . ʒiv.

If dryness of the throat were felt, or somnolency, the administration should cease, and a cup of strong coffee will set all right. By these means, and in a few hours, the most severe pain is eased.—*Medical Press.*

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CEREBRO-SPINAL SCLEROSIS.

Dr. J. B. Johnson (Med. and Surg. Reporter) recommends—

℞. Iodide of potassium . . ʒij.
Tinct. cinchonæ comp. . . ʒvj.
Fluid ext. ergotæ . . . ʒiv.
Syrup simplex,
Aqua . . . . āā ʒiij.

M. Sig.—Shake well. Dose a tablespoonful after meals.

A very good formula in cases attended with epileptiform attacks, is as follows:—

℞. Liquor hydrarg. bichlorid. . ʒvj.
Chloral hydrate . . . ʒiss.
Infusion gentian comp. . ℥iv.
Iodide potassium . . . ʒij.
Syrup simplex . . . ℥ij.

M. Sig.—Shake well. Dose, a tablespoonful after each meal for two weeks, and then an intermission of one week, unless the mercurial should make it necessary to drop its use earlier. In such an event the balance of the formula may be continued with much advantage.

POTASSIUM CHLORIDE.

Dr. A. F. Pattee (Journal American Medical Association) says: For many years I have used potassium chloride, and find it a valuable medicine either alone or in combination with other medicines. I have used it in many cases of anæmia after other well-known treatment had failed to do good, with the most happy results. The dose usually given was five grains every three hours in a wineglass of water. In the commencing stage of cirrhosis of the liver due to alcoholic excess, it has apparently been of benefit.

Exudations after inflammation, with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its use. In glandular enlargements, in my hands, it has been of more benefit than calcium chloride or the iodine compounds. In stomatitis of pregnant women or from mercury, it is equal to the chlorate. In ovarian neuralgia with nervousness and menstrual headache, accompanied with wakefulness, this salt has given better results than the bromide or ammonium chloride. When combined with corrosive sublimate it is one of the best preparations for syphilis. I usually give it as follows:—

℞. Potassii chloridi . . . ʒij.
Hydrargyri chlo. corros. . gr. j.
Aqua. . . . . ℥iv.

M. Sig.—Ten to twenty drops every two hours in a wineglass of water.

This preparation I have used almost exclusively in the treatment of syphilis in both its acute and chronic stages, and the result has been most satisfactory. The tincture ferri chloridi is much improved in its therapeutic action when given with potassium chloride.

It is my desire that those of our profession who have not used the potassium chloride may investigate its therapeutic action, of which I can assure them it will verify my statement. The dose will range from twenty grains to two drachms for the twenty-four hours, well diluted with water.

DELUSIONAL INSANITY.

Dr. E. C. Mann (Medical Age) recommends—

℞. Ext. Coca erythrox. (P. D. & Co.) . . . . gr. j.
Ext. valerian . . . gr. j.
Cannabis indica, opt. . . gr. ½.
Vallet's mass ferri . . gr. ij.
Acidi arseniosi,
Strychnine . . āā gr. 1/40.
Codeiæ . . . . gr. ¼.

Mas. ft. in capsule or pill No. i.

Sig.—One in the morning, one at 10, and one at 3 P.M.

GONORRHŒA.

℞. Tinct. belladonna . . . ʒj.
Ext. hamamelis . . . f℥ij.
Aqua . . . . . ℥ij.

M. Sig.—Use as an injection once a day.

VOMITING OF PREGNANCY.

℞. Cocaine hydrochlor. . . gr. j.
Cerii oxalatis . . . ʒiss.
Bismuthi subnitratis . . ʒij.

M. Ft. charta No. xx.

Sig.—One powder before meals.

VAGINISMUS.

℞. Ext. physostigmatis . . gr. ij.
Ext. stramonii . . . gr. v.
Lanolin . . . . ℥ss.

M. Ft. ungt.

Sig.—Apply a small quantity locally three times a day.

CAPILLARY BRONCHITIS.

Dr. B. H. Riggs (Alabama Medical and Surgical Journal) recommends—

℞. Ammonii carb.. . . gr. xvj.
Syr. tolu . . . . ℥ss.
Aqua . . . . ℥ss.

M. Sig.—Fifteen drops in water every half hour.

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INFANTILE CONSTIPATION.

℞. Resinæ podophyllii . . gr. ss.
Spts. ammonii aromat. . ♏x.
Syr. rhei aromat. . . ʒij.
M. Sig.—Half teaspoonful twice a day.

IRRITABLE HEART.

℞. Tinct veratri viridi . . . ʒss.
Ext. cascara sagrada . . fʒij.
M. Sig.—Twenty drops in water three times daily.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . ♏xx.
Chloral hydrat. . . . ʒj.
Syr. simp. . . . . ʒiij.
M. Sig.—Teaspoonful every three hours.

RICKETS.

℞. Tinct. belladonna . . ♏x.
Strychnia sulphatis . . gr. ½.
Syr. calcii lactophosphatis . ʒiv.
M. Sig.—Teaspoonful three times daily.

LUMBAGO.

℞. Vini colchici rad. . . . ʒj.
Tinct. guaiaci ammoniat. . ʒj.
M. Sig.—Half teaspoonful in water every three hours.

PRURITUS VULVÆ.

℞. Chloral hydrat.
Camphoræ . . . āā ʒiss.
Adipis . . . . . ʒij.
M. Ft. ungt.
Sig.—Apply externally.

INDOLENT ULCERS.

℞. Chloral hydrat. . . . ʒss.
Alcoholi dilut. . . . ʒss.
Aqua . . . . . ʒij.
M. Sig.—Apply externally night and morning.

LEUCORRHŒA.

℞. Strychnia sulphatis . . gr. j.
Tinct. stramonii . . . ʒss.
Tinct. hydrastis . . . ʒij.
M. Sig.—Half teaspoonful four times daily.

DYSMENORRHŒA.

℞. Tinct. veratri viridi . . ♏xvj.
Vini colchici rad. . . ʒj.
Tinct. opii camphorata . ʒij.
M. Sig.—Teaspoonful every four hours.

HÆMOPTYSIS.

℞. Pulv. aluminis . . . ʒj.
Acidi sulphurici dilut. . . ʒij.
Magnesii sulphatis . . . ʒiij.
Aqua . . . . . ʒiv.
M. Sig.—Tablespoonful in water every two hours.

ROUND WORMS.

℞. Tinct. nucis vomicæ . . ʒss.
Ext. spigelia . . . . fʒss.
M. Sig.—Twenty drops in water three times daily.

EPIDEMIC DYSENTERY.

℞. Tinct. capsici . . . ♏xx.
Tinct. opii deod. . . . ʒiiss.
Tinct. belladonna . . ʒss.
Spts. frumenti . . . ʒiv.
M. Sig.—Two teaspoonfuls in water every three hours.

CHRONIC DYSENTERY.

℞. Tinct. opii deod. . . . ʒij.
Tinct. ignatiæ . . . ʒiss.
Tinct. hyoscyami . . . ʒj.
Tinct. benzoini comp. . . ʒiiss.
M. Sig.—Teaspoonful in water four times a day.

FLATULENT DYSPEPSIA.

℞. Tinct. nucis vomica . . ʒij.
Acidi carbolici . . . gr. viij.
Vini Portense . . . ʒiv.
M. Sig.—Two teaspoonfuls after meals.

WHOOPING-COUGH.

℞. Tinct. belladonnæ . . ♏xxiv.
Quinia sulphatis . . ʒss.
Syr. yerba santa . . ʒiij.
M. Sig.—Half teaspoonful every four hours.

SALICYLATE OF IRON IN DIARRHŒA WITH OFFENSIVE STOOLS.

This form of diarrhœa is commonly met with in summer. It is not amenable to treatment by any astringent, nor has any alteration of diet much effect upon it. It may, however, be successfully treated by disinfecting the bowel contents by means of salicylate of iron, as in the following prescription, which is suitable for a child two years of age:—

℞. Sulphate of iron . . . ℈j.
Salicylate of soda . . . ℈j.
Glycerin . . . . . ʒiij.
Aqua . . . . . ʒiij.

The iron and the salicylate should be dissolved separately, and the solutions mixed. The color is darker than port wine, and the taste not unpleasant. One teaspoonful must be given every hour until the stools become well blackened, which happens in about twenty-four hours; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally a small dose of castor-oil to clear the bowels well out, and to get the secondary constipating effect of the oil.—Dr. BRAITHWAITE, *British Medical Journal.*

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Sept. 1886.

THE BRITISH MEDICAL ASSOCIATION AND THE NINTH INTERNATIONAL MEDICAL CONGRESS.

NOTWITHSTANDING the repeated and disgraceful efforts of the Philadelphia and New York malcontents to embitter the minds of our British medical brethren against the International Congress, the British Medical Association received the American delegation with marked cordiality, and unanimously accepted their invitation to participate in the Congress. The delegation was composed of Dr. N. S. Davis, of Chicago, President-elect of the International Medical Congress; Dr. William Brodie, of Detroit, ex-President of the American Medical Association; Dr. William H. Pancoast, of Philadelphia; Dr. William C. Wile, of Newtown, Connecticut; Dr. John V. Shoemaker, of Philadelphia; and Dr. Fitch, of Halifax, Nova Scotia.

These gentlemen appeared before the Association at a special session called for the purpose of enabling them to explain the true state of affairs in reference to the Congress. After a few words of introduction by Dr. Withers Moore, President of the Association, Dr. N. S. Davis thanked the members on behalf of himself and his colleagues for the courtesies shown to them. The invitation to attend the International Congress in Washington in September, 1887, was then given. Dr. Davis also referred to and explained the internal difficulties which had occurred in organizing the Congress, and certain secessions which had followed. He stated that an Organizing Committee had been formed, each State and Territory being represented, and all branches of the profession; also an Executive Committee appointed to carry out all the details of the Congress, and their report on the subject had been unanimously adopted by the American Medical Association. He was therefore in a position to invite the members of the profession in England to visit America, where he could promise that they would meet with a reception as cordial, if possible more so, than his own reception had been. A local Reception Committee was organized at Washington, consisting of forty of the resident physicians of the Capital, assisted by representatives of the medical officers of the army and navy. Excursions were arranged; and everything would be done to make the Congress a memorable one. Those who attended would certainly be received with open arms and warm hearts. He might add that the President of the United States, the heads of the executive departments, the President of the Senate, and the Speaker of the House of Representatives had tendered their names as patrons of the Congress, and would do all in their power to entertain the members.

Dr. Brodie and Dr. Pancoast expressed in fitting terms their concurrence with the invitation, and their hope that the profession in the mother country would be well represented.

The President, Dr. Moore, then proposed a vote of thanks to the American delegates for their kind invitation, which would certainly be largely accepted.

The motion was seconded by Sir W. Foster, and passed unanimously by a rising vote, amid the wildest applause. Thus perished the last hope of the renegade American *coterie*, who have been so sedulously striving to ruin the great international scientific gathering which they had failed to control.

THE PENNSYLVANIA STATE BOARD OF HEALTH.

THE Pittsburgh Times very justly says that the service rendered by the State Board of Health to the people of West Elizabeth in their affliction by the outbreak of fever, is another illustration of its usefulness.

In such cases people need above everything else positive directions as to what they should do. They call meetings and discuss the perils, but disperse as undecided as when they assembled. The local doctors are usually busy with

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the sick, and have little time to give counsel as to the sanitary arrangements. Besides that, they frequently differ as to the origin and nature of the pestilence, and as to the best means of suppressing it. The State Board, stepping in with a system of rules concerning the closing of wells and preparation of hospital accommodations, is welcomed as a succorer, and its instructions are the means of restoring confidence and leading to intelligent treatment of the danger.

The board has hardly reached the end of the first year of its existence, but the services it has already rendered are potent arguments for its right to be, and to be amply supported. The petty sum appropriated by the last Legislature is barely sufficient to pay for the distribution of the sanitary tracts which have been issued from time to time. Consequently, the members of the board are compelled to give their time to the State without any remuneration whatever. This is an act of injustice which the next Legislature should lose no time in rectifying.

A WELL-DESERVED REBUKE.

THE WEEKLY MEDICAL REVIEW, the most influential medical journal in the West and Southwest, administers the following well-deserved rebuke to Dr. John S. Billings for gratuitously insulting the entire medical profession of the South and Southwest in his address before the British Medical Association:—

JOHN S. BILLINGS AND HIS MALARIAL MAP.

We thank the Eastern medical journals for having presented to us in its entirety the address of Dr. Billings before the British Medical Association at Brighton. We "concede that it ought not to have been abbreviated" in its printing, but think Dr. Billings will wish he had been more brief in preparing it. There can be no question regarding the "clearness of its style," but with reference to its "gracefulness" we are in doubt. We are of the opinion that "disgracefulness" would be the better term, particularly in referring to the part taken up by the malarial map and the accompanying elaboration.

The map itself resembles a section of thoroughly used up blotting paper, the various shadings representing the various degrees of malaria in the different sections.

The darkest shading is located in the South and the Valley of the Mississippi. He says:—

You will note how comparatively light the tint is in the North and Northeast, and how dark the shades become in the South and the Valley of the Mississippi, thus indicating the great differences which exist as to the prevalence and deadly effects of the malarial poison in different sections of the country.

We agree with the New York Medical Journal that "the address certainly deserves to rank with the most notable that have been made before the Association."

Here is a particularly notable part of this particularly notable address, viz:—

As compared with the North and East, much of this malarious region is a thinly settled country, an almost purely agricultural country, and not a rich country. I need hardly tell you that the physician who has received his chief clinical instruction in the office of his preceptor in Vermont or New Hampshire, supplemented by distant glimpses of a few cases in hospital in Boston or New York, will find himself at a loss at first in dealing with the emergencies of daily practice in Arkansas and Mississippi. He will be subjected to influences which at times are dangerous to one who is not acclimated, and which tend to produce depression of spirits, want of energy, and bad health. He will not have free and constant access to scientific companionship, nor be stimulated by the influences of learned societies, and he can not avail himself of the ordinary sources of amusement, education, and rest, such as art galleries, the drama, libraries, and museums, etc., which are found in the large cities. Moreover, the pecuniary reward which the practitioner in many of these places can reasonably hope for is comparatively small.

Taking all these things into consideration, it is clear that if a man, after spending from six to eight years, and from one to two thousand pounds, in acquiring such a general and professional education as it is now considered that a skilled physician should possess, then settles in such a region with the prospect of an average income of from one hundred and fifty to two hundred pounds a year, it is not from pecuniary motives alone. There are such men in such places—men who are not only highly educated and skilled practitioners, but who are also original investigators and thinkers. It was within the limits of this malarial shadow that the foundation of modern gynecology was laid by Marion Sims, of abdominal surgery by McDowell, Battey, and Gross, of

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an important part of the physiology of the nervous system by Campbell. Nevertheless, the rule holds good that malaria and science are antagonistic ; the exceptions prove the rule.

And so the trouble with the profession west of the Allegheny Mountains, the Mississippi Valley, the Southern and Gulf States, is that they are victims of malaria. There are a few exceptions who still live to prove the rule. Probably they are the half dozen "elect" who were made members of "The Association of American Physicians—limited."

Yes, malaria and the lack of "free and constant access to scientific companionship," and the stimulation of "learned societies" and "no sources of amusement, education, and rest, such as art galleries, the drama, libraries, and museums, etc., which are found in the large cities," have afflicted our section of the country ; and not only must we be the victims of such misfortune, but our distress must needs be heralded to the world by this modern medical Hercules. If we are not mistaken this gentleman was born and raised in the Mississippi Valley, and is a graduate of one of the medical colleges situated therein, he is a medical officer under the pay of the United States Government, and we would suggest his assignment to some station within the limits of this malarial and unscientific section that he may serve as an antidote in the shape of concentrated wisdom. The "grand shake" which he received at New Orleans at the meeting of the American Medical Association in 1885, did tend to produce "depression of spirits, want of energy, and bad health," for a time, but we trust that he has entirely recovered therefrom, and may now consider himself acclimated, so that he may safely come.

We think the Secretary of War should be more interested in the redemption of our section than the enlightenment of the British Medical Association.

Two points are clearly made by this officer, whose salary this section helps to pay, viz :—

1st. That malaria (most prevalent in the West) is antagonistic to science.

2d. "The most rigid tests of qualification in our profession in the United States are those required of candidates for admission into the medical departments of the army and navy."

He should have added, "I am from the West, and a surgeon in the army." Another illustration of the fact that the exception proves the rule.

As we remarked in our last issue the rest of the address was good.

MEDICAL NEWS AND MISCELLANY.

DR. FRANK H. HAMILTON, one of the most distinguished of American surgeons, died at his home in New York on August 11th.

DR. A. B. MILES, of New Orleans, La., has been elected Professor of Therapeutics and Materia Medica in the Medical Department of Tulane University.

DR. W. P. TOLLES has been elected to the Chair of Anatomy in the University of Virginia, to fill the vacancy caused by the death of Professor J. Staige Davis. Professor Tolles has for some years past filled the position of Demonstrator of Anatomy in the University.

PROGRESS is the suggestive title of a new and handsome medical journal, which is edited and published by Dr. Dudley S. Reynolds, of Louisville, Ky. Dr. Reynolds is a veteran in the journalistic field, and it requires no gift of prophecy to foretell that his new monthly will rapidly progress to a first place in the estimation of all practical physicians.

THE NEW HAMPSHIRE STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Professor C. P. Frost, Hanover ; Vice-President, Dr. S. W. Roberts, Wakefield ; Treasurer, Dr. D. S. Adams, Manchester ; Secretary, Dr. G. P. Conn, Concord ; Anniversary Chairman, Dr. H. P. Felt, Hillsborough Bridge.

THE MINNESOTA STATE MEDICAL SOCIETY has elected the following officers: President, Dr. H. H. Kimball, of Minneapolis ; First Vice-President, Dr. W. L. Beebe, of St. Cloud ; Second Vice-President, Dr. R. S. Barber, of Worthington ; Third Vice-President, Dr. E. A. Holmes, of Oronoco ; Treasurer, Dr. S. B. Sheardown, of Winona ; Recording Secretary, Dr. C. B. Witherle, of St. Paul ; Corresponding Secretary, Dr. J. F. Force, of Heron Lake ; Censors for Three Years, Drs. R. S. McMurdy, of Minneapolis, and A. W. Stinchfield, of Eyota.

THE KENTUCKY STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. H. Wathen, Louisville ; Senior Vice-President, Dr. J. M. Harwood, Shelbyville ; Junior Vice-President, Dr. J. M. McKin-

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ley, Winchester; Permanent Secretary, Dr. J. Steele Bailey, Stanford; Assistant Secretary, Dr. F. C. Simpson, Bardstown; Treasurer, Dr. Edward Alcorn, Hustonville; Chairman Committee of Arrangements, Dr. J. G. Brooks, Paducah; Board of Censors, Drs. D. S. Reynolds, Louisville (chairman), A. W. Willis, Winchester, A. Sargeant, Hopkinsville, J. H. Letcher, Henderson, W. E. Poynter, Midway, J. M. Harwood, Shelbyville.

WE will give five cents—the true market value—for each and every confession, signed and sealed, of a Western or Southern physician who has accepted membership in The Association of American Physicians. If there is any physician in the West or South who has not been solicited to join, and would like to become a member, let him inclose two cents to the janitors, and if he is the right kind of a man for their purpose, he will be admitted. The franchise is worth that much, as no new member can be admitted after the lists are made up, except a vacancy occurs on account of the death or bad conduct of a member. Vacancies may occur in this way soon, as some of the members are reported sick, and a few quite bad.—*Weekly Medical Review.*

AN EXCELLENT EXAMPLE.—We are informed by the treasurer of the Ninth International Medical Congress, that he has received, for the Congress, the sum of $500, donated by the Michigan State Medical Society at its recent annual meeting. The Executive Committee of the Congress must necessarily spend a large sum of money in printing and distributing circulars, and in perfecting all the arrangements preliminary to the actual assembling of the Congress. The liberal action of the Michigan State Society is timely and appropriate. It is very desirable that the good example presented should be speedily followed by the State Medical Society of other States, and also by the leading societies in our most populous cities and counties.—*Jour. Am. Med. Association.*

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION has elected the following officers: President, Isaac N. Love, M.D., of St. Louis, Mo.; First Vice-President, Joseph Robbins, M.D., of Quincy, Ill.; Second Vice-President, Jacob L. Geiger, M.D., of St. Joseph, Mo.; Third Vice-President, Thomas B. Harvey, M.D., Indianapolis, Ind.; Secretary, J. L. Gray, M.D., 1558 Wabash Avenue, Chicago, Ill.; Treasurer, A. H. Ohman-Dumesnil, M.D., St. Louis, Mo.; Assistant Secretary, Edward Allcorn, M.D., Houstonville, Ky. Committee of Arrangements: Dudley S. Reynolds, M.D., Louisville, Ky.; Louis S. McMurtry, M.D., Danville, Ky.; James H. Letcher, M.D., Henderson, Ky.; J. N. McCormick, M.D., Bowling Green, Ky.; L. B. Todd, M.D., Lexington, Ky.; John Q. A. Stewart, Frankfort, Ky.; James M. Holloway, M.D., Louisville, Ky.; J. M. Mathews, M.D., Louisville, Ky.

THE PROPOSED CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—The recent action taken by certain societies of specialists in trying to form a new national society only goes to show that specialism in this country, from the attacks made upon it by the medical press showing up the ridiculous character of most of its pretensions, is on the retreat, and barring a few devoted to the eye and ear, there will, in a few years, be no such person as a specialist. These gentlemen have no one to blame for this result but themselves. The profession has become tired of being told that the specialist is the only one competent to diagnose and treat any special case. The specialists (many coming out of college without any preliminary practice) flaunt in front of the hard-working general practitioner of years the idea that he is not competent to do what the self-styled specialist can do. This is folly, and the profession have so decided, and the specialists must go. We have no use for them. If they really have at heart the interest of the profession, instead of forming a coalition for self-protection, they would join the special Sections of the American Medical Association. But no, they all want to be big guns, have a little society of their own and pull the wires to suit themselves. Well, wait and see how it will turn out! The future is not hard to predict.—*New Eng. Med. Monthly.*

WHAT DOES ANTISEPTIC SURGERY REQUIRE.—Antiseptic surgery requires that everything that comes near the wound should be perfectly free from germs—fingers, instruments, needles, catgut, drainage-tubes, sponges, coverings, bandages, etc. Nothing is really satisfactory as a means of cleansing the fingers, except corrosive sublimate ($\frac{1}{1000}$); but for instruments, carbolic acid ($\frac{1}{30}$) is efficient. They should be immersed in the solution for a half-hour before the operation.

The skin of the part to be operated on is to be soaped, shaved, and scrubbed with a nail-brush with 1–1000 corrosive sublimate solution.

During the operation the wound is to be well douched with a hot corrosive sublimate solution, from 1–2000 to 1–5000, according to the surface exposed and the length of the operation. The fluid runs off on a rubber sheet into a pail. The surrounding parts should be covered with towels wrung out in the same solution. Absolute accuracy is essential in every detail. The assistant who hands any instrument must have disinfected his hands as above; nothing must be dropped on the floor, or rubbed on the table or clothes. The sutures of catgut will be absorbed in the wound. The dressings need only be changed once to remove the drainage tube; and, if a tube of decal-

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cified bone (such as manufactured by Grosvenor & Richards) has been used, that also will be absorbed.

The expense is considerable in applying permanent dressings thoroughly; but if a wound has only to be dressed two or three times, instead of ten times as often, it is a wise economy of time and money to use the best, to say nothing of the diminution of the suffering of the patient, and the gain in time.—ERNEST W. CUSHING, M.D., Boston, Mass.

A BAD CASE OF THE "REPRESENTATIVE MAN" ABROAD.—The New York Medical Journal of July 24th, says a "well-known" American Physician—yes, an American—writes that he has been in the large cities of Europe, and, in answer to questions, has felt it his "duty" to say, among other things: "The Congress will surely be held, but whether it will be a success or not cannot be foretold. I shall not be there. You will be likely to meet chiefly men whom you do not know by name or fame, since the majority of the best known men in the United States have withdrawn from the Congress, because they do not approve of the way in which it is managed." What a pretty sample of an American—what patriotism, what a profound reason for withdrawing. The only redeeming thing about his boasted treachery is "I will not be there."

If this is a sample of "a well-known" (nameless in this) physician, who goes up and down through Europe wholesaling distrust abroad and retailing it at home—if this is a sample of the "representative man" who would ruin where he cannot rule, who is so untrue to the best interests of his profession at home and to all true American ideas that he would destroy that of which every American physician should be proud—then let the great body of the profession repudiate such men.

If they are the "leading men" and have failed to direct the interests of the Congress, they are too weak to trust in any capacity. It is time to begin the aggressive action in the direction of these poor specimens of manhood who have "withdrawn because they did not approve!" and not only have "withdrawn"—that could be endured—but are active opposers to what now is the wish and the work of nine-tenths of the profession of the United States.

We are not in favor of a boycott, but it is high time that the just indignation, aroused by the acts of such "un-American" physicians as this one, should take shape. Some of these same men are much indebted to the general profession, are dependent upon it as consultants, teachers, authors, and journalists. Surely they are trifling with the confidence which they would command by advertising themselves as too weak to control and too mean to consent.—*Weekly Med. Review.*

SULPHATE OF SODIUM.—Especially in our country, whenever a neutral salt seems indicated as a purgative, Epsom salt—sulphate of magnesia—is usually the remedy employed, while sulphate of sodium—Glauber salt—is neglected. One reason for this may be found in the fact that Glauber salt is very cheap, and that it is used mainly in horses. Not long ago we advised a patient to take Glauber salt, but when the patient asked his apothecary for it, the latter ridiculed the idea, and said that this salt was used for horses only.

Epsom salt cannot be administered to young children, because its action on the delicate mucous membrane of the alimentary canal of the young is too harsh; but Glauber salt can be given with immunity. This fact alone should convince everybody that in most cases sulphate of sodium is preferable to sulphate of magnesia.

Nothnagel, a year or two ago, investigated the action of neutral salt on the intestines. He found that sulphate of sodium—Glauber salt—was the mildest of all; that it first caused a very slight redness, and later induced depletion by emptying the congested capillaries and producing a slightly watery stool. In the inflammatory intestinal disorders of childhood, as, for instance, in cholera infantum, if administered early in moderate doses, it acts almost as a specific, while sulphate of magnesia induces a severe congestion of the intestinal mucous membrane, and generally destroys the epithelial lining. Experience has proved this observation to be correct, for, generally, whenever especially a larger dose of Epsom salt has been given, the patient will suffer from constipation, or at least from sluggishness of the bowels, for several days afterwards.

The action of Glauber salt is so certain, and at the same time so much a true laxative—not causing congestion and not injuring the epithelial lining—that a much smaller dose is generally needed than in the case of the magnesia sulphate. In most cases from one-half to a teaspoonful, if administered to an adult, largely diluted with water—as all neutral salts should be if the intention is purgation—one hour before breakfast, will induce one or two motions of the bowels about half an hour after the meal, and this result will be brought about without the least griping and without any after-effect, as constipation, so often observed as a consequence of the magnesia salt.

We publish these remarks mainly for the benefit of those who imagine because Glauber salt is used by veterinary surgeons, that its use would not be indicated in the case of human beings, for it is used for horses only on account of its cheapness. In every case it should be preferred to Epsom salt, for the reasons given.—*Med. and Surg. Reporter.*

TYPHOID FEVER.—The indications to be ful-

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filled in the treatment of typhoid fever are "to reduce the temperature, soothe the inflamed glands of the bowels, prevent or counteract septic absorption and support the patient."

Our efforts should be first directed towards reducing the temperature and keeping it down. The method which I have used has been to strip my patients, place them upon an oil cloth so folded that when water is placed thereon it will not soil everything, and any excess may be directed into the buckets placed at the side of the bed. I then take a large sheet and fold it four or five thicknesses, so that it will completely envelop the patient from the arm-pits to the hips; wet this in cold well water, and wrap it around him. The temperature of the water should be at 80° Fahr. Then cover the patient with any comfortable covering; renew this wrap every ten or fifteen minutes till the temperature in the bowels shall not be over 101° Fahr. It may not and usually is not necessary to renew this pack in the morning hours oftener than once an hour, but in the afternoon from the fifth to the twelfth day, and in severe cases from the fifteenth to nineteenth also, it will keep an attendant busy renewing this pack, and this must be done to prove successful. This treatment is not pleasant at first to the patients, but after it has been continued for a day or so, the feeling of relief it gives is so great that in a number of instances they will ask for the renewal. The next indication to be met is to soothe the inflamed bowel and counteract septic absorption. This is done by administering the following remedies, and they are remedies in fact: Pepsin, bicarbonate of soda, and subnitrate of bismuth, ten grains of each every four hours.

(The question arose on discussing this paper, how did pepsin act as a digestive in an alkaline solution? It is the excess of acid that the soda is given to neutralize, and that it does well is proven by the cases presented.)

The stomach and bowels are always highly irritated, and a more sensible combination of drugs to relieve this condition it seems to me, will be hard to find. To counteract the absorption that necessarily takes place from the ulcerated glands in the bowels, a solution of hyposulphite of soda, to which is added a little carbolic acid, is given every four hours. This constitutes the medicinal treatment of typhoid fever, and, in its earlier stages, before extensive lesions and hemorrhages have occurred, fulfils every indication. It now becomes necessary, as we have to deal with a fever of three or four weeks' duration, to support the patient so that when the fever leaves him he will have strength enough to sustain him. With every dose of medicine there is given four to six ounces of fresh unskimmed milk, and as much spoon victuals of a non-irritating character as the patient will partake of. The administration of the milk, however, is imperative. Persons treated in this manner from the start, or from the third or fourth day, where one is satisfied that one has a case of typhoid fever, will very seldom become delirious. There will not be any extensive distension of the abdomen, no tympany. Their tongues will not become dry, brown, and fissured, sordes will not collect on the teeth, there will not be any alarming looseness of the bowels, no intestinal hemorrhages, no relapses, no subsultus tendinum, and when the fever has run its course, the patient will be up and out and ready to go to work in a week.—R. M. KING, M.D., *Weekly Medical Review.*

CASE OF EPITHELIOMA OF THE UTERUS TREATED BY MERCURIC NITRATE; RESULT SIX YEARS AFTER TREATMENT.—This case derives its interest from the extent of the disease, the treatment, and the condition of the patient since treatment and now.

Mrs. R—, wife of a physician, came under my care about eight years ago, affected with epithelioma of the uterus. When the case was first examined, a considerable portion of the cervix had disappeared, and the disease had extended to the os internum. The hemorrhage had been frequent and severe, and the ichorous discharge was constant. The general health had been greatly impaired.

Treatment.—Granulations were removed by the curette and nitric acid was applied. Tonics and a generous diet were added. After a few weeks she left the city for her home, feeling better. She again visited the city three months later. The disease had made further inroads upon the tissues of the uterus and upper part of the vagina. Chloride of zinc was applied and reapplied. Apparent improvement followed.

The patient came to the city at intervals for about two years, and submitted to active treatment for several weeks each visit. Still the disease evidently advanced, though the symptoms were occasionally suppressed. The vaginal portion of the cervix had quite disappeared. The cavity of the uterus became involved, and the disease was extending over the upper part of the vagina, both anteriorly and posteriorly. The appetite, digestion, and general strength were impaired to that degree that it was manifest the patient would succumb unless the disease could be promptly arrested.

The acid nitrate of mercury was chosen as the agent, and in the presence of Professor Jackson it was applied in the following manner: A roll of cotton two and a half inches in length, and as large as the canal would admit, was saturated with the acid nitrate of mercury and introduced, reaching into the cavity of the uterus and filling

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the cervical canal, and a small portion left dependent in the upper portion of the vagina. This application was left undisturbed *in situ* for seventy-two hours, and undoubtedly it is to this fact that the result is due.

After the cotton was removed an extensive slough came away. The subsequent granulations appeared healthy, and in two weeks the patient left the city, since which time I have not seen her.

This last application produced more than a local effect, viz., a more severe ptyalism than that which affected this patient it would be difficult to imagine, and this was attended by an intensely jaundiced appearance of the entire surface of the body. The following extracts are from a letter received a few weeks ago from the husband:—

"*My Dear Doctor:* I received your letter a few days ago; must acknowledge my carelessness in not writing to you; have often thought I ought to write to you in reference to my wife's condition and state of health since her last treatment. The current of time has borne us along on smooth waters, all enjoy reasonable health, peace, and prosperity. Mrs. R—, during the past four years, with the assistance of my daughter, has performed the duties of a housewife, with all the cares and work, except when she has been laid up for a day or two with sick headache. She has it to-day, the second time in eight weeks; am giving her a new remedy which has increased the intervals between the attacks two weeks. I do not think the ulceration has ever appeared since the last treatment; have not examined her with a speculum for several years. The uterus rests upon the perineum and seems heavier than it ought to be, and of late has been the cause of much disturbance of the rectum, requiring its replacement. She suffers some pain occasionally, and the menses are sometimes very profuse. There has not been any discharge of water since you applied the nitrate of mercury. It was heroic treatment, but I believe it saved her life, and I shall ever feel grateful to you and Professor Jackson for your kindness towards Mrs. R— and myself."—DE LASKIE MILLER, M.D., *Chicago Med. Jour. and Examiner.*

THE MEDICO-CHIRURGICAL COLLEGE, OF PHILADELPHIA.—During the last five years, the Medico-Chirurgical College, which was chartered by the Legislature in 1850, has been located at the southwest corner of Broad and Market Streets. The needs of this rapidly developing institution have outgrown its present quarters, and for some time the Trustees have been looking for more commodious buildings. Last week they concluded the purchase of a large property on Cherry Street, near Logan Square. The location is most excellent for the intended purpose, being near the centre of the city, and yet sufficiently retired to give students and hospital patients the requisite quietude. The lot is one hundred and thirty-four feet square. It is partly occupied by two large and substantial brick buildings, three stories high, and with light on all sides.

Extensive alterations will be made, including the construction of an amphitheatre, clinical lecture-room, laboratories, and dissecting-room, besides all the departments of a well appointed hospital.

The lecture-room will be fitted up with an eye to the comfort of the students, cushioned chairs replacing the benches usually supplied. The rooms for practical work will have all their fittings of the latest and most approved pattern. The hospital wards will overlook and have easy access to the large garden attached. Plans for the alterations are now being prepared by the architect, and, when finished, the corporation will have one of the most comfortable college buildings in the country.

Within the ample bounds of the newly-acquired property will be located the following institutions:—

1. The Medico-Chirurgical College, founded in 1850.

2. The Medico-Chirurgical Hospital, chartered in 1882.

3. The Philadelphia Dental College, now at Tenth and Arch.

4. The Hospital of Oral Surgery, whose clinics have no rival in that specialty. It has coalesced with the Medico-Chirurgical Hospital.

5. The Philadelphia Hospital for Skin Diseases, now at 923 Locust Street. This hospital will form another department of instruction.

The grouping of several institutions with allied objects under a single roof, is a new feature in the history of Philadelphia charities. The old fable of the fagot is most apposite here. While all retain their individuality and independence of action, the union permits each to assist the others, and, by avoiding duplicate expenses, enables the authorities to accomplish more with the funds at their disposal.

Some important changes have taken place in the Faculty of the Medico-Chirurgical College, viz:—

Professor William H. Pancoast, who for twenty-seven years has been teaching anatomy at the Jefferson Medical College, has resigned his professorship in that institution, and has accepted the same chair in the Medico-Chirurgical College, to which he was elected by the Trustees. He brings with him the extensive Anatomical Museum collected by himself and his father, which for so many years was employed in teaching the classes at the former college.

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Dr. John V. Shoemaker, lately Lecturer on Dermatology and teacher of the same branch in the Post-Graduate Course at the Jefferson, has become Professor of Dermatology at the Medico-Chirurgical.

Dr. E. E. Montgomery, Obstetrician to the Philadelphia Hospital, and Surgeon to the Women's Hospital, has been elected Professor of Gynecology.

Dr. William B. Atkinson, lately Lecturer on Diseases of Children in Jefferson Medical College, and teacher of the same branch in the Post-Graduate Course, has been elected Professor of Diseases of Children and Sanitary Science.

These accessions to the Faculty, which already numbered in its ranks such distinguished men as Professors James E. Garretson, H. Ernest Goodman, and Peter D. Keyser, have attracted a great deal of attention in professional circles. From all parts of the country letters are pouring in asking if the above rumors are true, and what will be the future course of the college.

THERAPEUTIC USE OF CHLORAL.—About three years ago, I saw a case published in the British Medical Journal, in which chloral seemed to have been markedly beneficial in Bright's disease; but this was accounted for by attributing its beneficial action to its power of lessening arterial tension. At the same time, its use was condemned, in consequence of its lowering action on the heart. I offer the following cases, first, as strongly suggesting that this is not the true explanation; and, secondly, as a plea for further investigation.

A. F., aged forty-three, married, a pluripara, had suffered for nine years from caries necrotica of the ischio-pubic rami, with more or less incessant discharge. On June 25, 1885, she was unable to do anything, but would not stay in bed. She dressed and lay in a semi-recumbent position on a couch. The legs and feet were very much swollen, and she complained of shifting œdema of the face. She had constant headache and diarrhœa. The urine was of specific gravity 1009, and contained one-seventh of albumen. The liver seemed slightly enlarged. The heart was normal. She began to take chloral, and improvement soon followed. On July 23d, the albumen in the urine was the same; specific gravity 1010. The œdema of the legs was diminishing. The headache was much less frequent. She said she felt better than she had done for a long time, and had resumed work at a lace pillow. On August 6th the albumen was rather less; the specific gravity of the urine was 1013. The œdema of the legs and feet was now very trifling. Diarrhœa had quite ceased. I now gave her tincture of perchloride of iron. From this date to the end of September, my notes are very much a repetition of the same; sometimes she had chloral, but she finished with iron. From June 25th, when she began to take chloral, her progress was steady and rapid. I had previously given her nitro-glycerine; and, although I had evidence of its physiological action in the increased secretion of urine, which was previously somewhat scanty, yet there was no decided improvement in her symptoms. In the first instance, I gave the chloral to relieve the diarrhœa, but the benefit to her general condition was much more marked and rapid than the arrest of diarrhœa, and the ultimate result was her speedy restoration to a comparative state of health from a very critical condition. She took on an average only six grains of chloral daily. On February 27, 1886, she remained as well as when I left off attendance.

On December 24, 1885, Mrs. W., aged forty-five, pluripara, was unable to attend to her domestic duties. She suffered from continuous dyspnœa, increased on exertion. There was anasarca of the feet, legs, thighs, and abdomen, sometimes considerable under her eyes, variable in the face. There were some anorexia and anæmia. The urine was scanty, moderately-colored, of specific gravity 1014, with a white cloud of albumen, no blood. I ordered four grains of chloral thrice daily. On January 11th, the anasarca was gone; the breathlessness was very slight, on exertion only. She passed urine in average quantity. The appetite was better. She could now attend to her domestic duties. I now gave her liquor ferri perchloridi and she rapidly regained her usual health.

E. G., a laborer, aged about forty-five, first consulted me in the middle of December suffering from anasarca, with great swelling of the scrotum, headache, diarrhœa, and tremulousness of his muscles. The urine was of specific gravity 1025, with a trace of albumen. I gave him four grains of chloral thrice daily for a month, and finally put him on tincture of perchloride of iron. In this case the anasarca and diarrhœa, etc., improved rapidly, as in the two other cases; and in none of them were any accessory measures employed.

The failure of nitro-glycerine in the first case to afford any relief is antagonistic to the theory that the benefit derived from chloral is the result of lowered arterial tension. They undoubtedly differ either in the quality or in the sphere of their physiological activity. Possibly the rhythmic action of the vessels described by Dr. Lauder Brunton may be in some way connected with the therapeutic merit of chloral. He also recognizes its value in the later stages of Bright's disease associated with sleeplessness. I find on reference to the Year Book of Treatment for 1885, that it has been recommended by Barduzzi, Dr. Wilson, etc.; but still its value in albuminuria is so little

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recognized, and its merits in these three and other cases in which I have used it are so marked, that I trust I have made out a case for further investigation.—W. J. MACKIE, M.D., *British Medical Journal.*

SOME APHORISMS IN OPHTHALMOLOGY:—

1. As a local anæsthetic to mucous surfaces and open wounds, the muriate of cocaine is one of the most certain and effective agents that is known.

2. All surgical operations on the eye, except enucleation of the globe, may be performed under the influence of cocaine with as much or more safety than under other anæsthetics.

3. In all forms of iritis keep the pupil dilated.

4. In acute retinitis unaccompanied by iritis, keep the pupil contracted, in order to keep out as much light as possible.

5. The only relief for senile cataract is surgical interference.

6. The rule is that all acute purulent discharges from the conjunctiva are contagious.

7. The only proper method of testing the vision in persons possessing the power of accommodation, is to suspend that power by paralyzing it, and then pursue the usual method with the trial lenses.

8. Jequirity is a dangerous remedy as well as an unreliable one, and should not be used by unskilled persons.

9. All kinds of strong caustic applications are contraindicated in the treatment of acute purulent inflammations of the conjunctiva.

The best results are obtained by frequent cleansing with mild saline solutions, and the use of weak solutions of vegetable or mineral astringents (including nitrate of silver), a solution containing five grains of tannic acid and three grains of carbolic acid to the ounce of water, or from one-half to one grain of the sulphate of copper to the ounce of water will be found among the most efficient agents.

10. It is always good surgery to remove a foreign body from the eye, provided it is not entirely within the globe behind the iris. If a foreign body is between the iris and the cornea, prompt removal is urgently demanded.

Great care must be taken in order to avoid wounding the lens, as such an accident would be certain to result in the production of cataract. If the foreign body should be entirely within the globe behind the iris, or if it should be large and partially within the globe, the question to be settled is, whether it will be best to remove the eye or the foreign body.

If the laceration of the globe is not too great it will probably be best to remove the foreign body, and then if the globe becomes violently inflamed, or if sympathetic inflammation of the other eye should occur, remove the diseased member without delay.

11. An eye-ball that is destroyed for visual purposes, and is painful, should be removed without delay, as it may induce inflammation in the good eye, and result in its destruction.

12. Whenever there is one or more small nodules about the margin of the pupil in the iris in case of iritis, it is almost absolute evidence that the disease is syphilitic.

13. The operation of strabotomy should be performed, if possible, without general anæsthesia, because its influence so thoroughly relaxes the muscular system that it is impossible to determine when the operation is completed.

14. When the iris is wounded and is protruding, it should be cut off, and the eye kept under the influence of a mydriatic until the inflammation has subsided.

15. An unskilled person should never attempt to replace a protruding iris, as such a procedure is difficult, and there is great danger of injuring the lens and inducing cataract.

16. Surgical interference is the only means of giving permanent relief to glaucoma. Eserine will give temporary relief, and cocaine relieves the pain for a short time.

17. One of the most efficient agents in tenia-tarsi is an ointment composed of ten or fifteen grains of the yellow oxide of mercury to one-half ounce of simple cerate, or some other suitable vehicle. This is to be applied to the lids night and morning after thorough cleansing.

18. Poultices of every description are to be avoided in diseases of the eye, unless ordered by some one who is specially skilled in this line of practice.

19. Whenever there is great œdema of the conjunctiva, and particularly when this is associated with excessive purulent discharge, the membrane should be snipped in numerous places, so as to prevent the pent up fluid from escaping, and thus avoid destruction of the cornea, which is always in danger in such cases. Remember that there can be no harm done by this cutting, and if it does not give the desired relief a tarsarophy should be done.

20. In the majority of cases of strabismus, glasses are necessary as well as tenotomy, inasmuch as the strabismus in most instances is dependent on an optical defect which, if uncorrected, would cause a return of the squint.

21. It is always better to correct squint by means of properly adjusted lens than by tenotomy.—M. F. COOMES, M.D., *Medical Herald.*

OPERATIONS UPON THE RECTUM UNDER WHISKEY.—Perhaps the most painful of all surgical diseases is fissure of the anus, or irritable ulcer of the rectum. For its cure two operations are recommended, viz., divulsion of the sphincters and division with the knife. Either of these is a most painful operation, and cannot be done

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without chloroform. There are many patients averse to taking an anæsthetic, and in many cases the surgeon is averse to giving it. Meeting in my practice such cases, and recognizing that an operation was imperative, I have operated a number of times by administering whiskey in lieu of chloroform. Such procedure has been limited to fissure and irritable ulcers of the rectum; but, of course, it could be practised in any affection calling for surgical treatment where an anæsthetic was necessary. It is not the purpose of this paper to discuss the moral involved, if there be any, but suffice it to say that I believe that no love for liquor or its effects would be induced, but the contrary might obtain.

The manner of administration that I have practised is, viz: Get the very best article of whiskey possible. Begin by giving on an empty stomach one or two ounces, and repeat every twenty minutes until the full effect is obtained, as is evidenced in the drowsy, sleepy condition of the patient. My experience is that it takes from eight to twelve ounces to get this effect in the adult male. Of course, habit in taking engenders a capacity for large amounts, and with this agent, as with many drugs, an idiosyncrasy may exist, which must be ascertained. Women are affected much more quickly and with less quantity than men, and children require but little whiskey to get full effect. The same can be said of the aged.

CASE I.—Judge X—, of Indiana, came to me for the treatment of a very irritable ulcer of the rectum, which was encroaching on the external sphincter muscle. For months, as he expressed it, his life had been a torture. He had cultivated a constipated habit, preferring this to the suffering that he experienced at each movement of the bowels. He objected to taking chloroform for the reason that he had been told that he had heart trouble. Although assured, after a careful examination of his heart, that he had no such trouble, he was persistent in his refusal to take an anæsthetic. He was in splendid health, excepting this local trouble. I suggested to him the whiskey plan, to which he assented. He went to his hotel and took the whiskey according to directions until he had taken one pint in one hour. I visited him and did the operation by divulsion of the sphincters, and dividing the same with the knife in addition. Being called away that night, I did not see him again for three days, at the expiration of which time I saw him in the rotunda of his hotel, and he told me that he did not remember a thing of the operation, and really did not know that I had been there until informed of the fact.

CASE II.—Dr. H— had suffered from an irritable ulceration of the rectum for a year or more. In consequence, he had abandoned his practice. Had feared the operation for the cure of his condition, because he was sure of some heart affection. He consulted me, and an examination revealed the condition that he suspected. I advised him to substitute whiskey for chloroform, and have the operation done. He consented, and I went to his home, sixty miles away, and did the operation. When I reached him he was "dead drunk," according to directions, and divulsion was freely made, with the patient not evincing by the least sign that he suffered any pain. He afterwards told me that he remembered absolutely nothing of the operation.

In this connection I desire to state that the anæsthesia necessary to divulse the sphincters in an irritable condition must be more profound than that which would be necessary to extract a cataract. This has been the observation of both Dr. Reynolds and Dr. Coomes, both of whom have given chloroform for me in these operations. Hence it is that I regard this, one of the most painful of all surgical operations; and if whiskey would answer in these, it would in major operations of surgery, especially those requiring a long time for their performance, as the effect of the agent does not soon wear off. I cite only two cases, but I have used the method in a number, and always with good result. I do not believe it advisable to use it save in those cases where for sufficient reasons the surgeon declines to use the usual anæsthetics, but I do believe that in these excepted cases it will be found an excellent substitute.

The Sphincter Muscles in Disease.—After an experience of a score of years in rectal surgery, I am more and more impressed with the importance of the part played by the sphincter muscles in disease, not only in local manifestations, but in producing obscure symptoms which oftentimes lead the physician into a false diagnosis. I desire to recite a few cases that go to prove this assertion, and add that they are but a sample of many that have fallen under my observation.

CASE I.—Mr. H. G— came to me, accompanied by his physician, from a distant town in the South. The following history was elicited: About four years before he began to suffer with cramps in the abdomen. No special attention was paid to this, nor were they at that time associated with any rectal affection. Later on the patient complained of decided dyspeptic symptoms and an aching sensation around the anus. This sensation was not particularly referable to his stools, but was more or less vaccillating as to time. Eventually pain was complained of as radiating over the sacrum and lumbar region and down the thighs. Whether imaginative or not, it was thought by the patient that his trouble was aggravated by eating, even of the most digestible diet. In consequence of this, his physician enjoined an abstemious diet, and upon this he was kept for

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several years. Notwithstanding all treatment he grew gradually worse until his physician suspected malignant growth. During the interim he was sent to different watering-places, and to the sea-coast, but to no avail. He began to lose flesh rapidly, and, at the time I first saw him, had lost about forty pounds. I examined him carefully for rectal trouble, but could not find a trace, except that the sphincter grasped my finger tightly upon insertion, but the patient complained of no pain. I advised that a second examination be made, under chloroform, adding that I would attend to any trouble that might exist while he was under the anæsthetic. Having the assistance of two physicians, he was chloroformed, and with different speculums I examined the rectum, but no disease was found. Acting upon the idea that his complaint was a nervous one, I divulsed the sphincters forcibly, nothing more. The result was that ever after he ate what he pleased and complained of no more pain. He has gained flesh ever since, and to-day weighs two hundred pounds, a gain of forty.

CASE II.—Miss B— was sent to me for treatment by her physician. She was accompanied by her mother, who gave a detailed statement of her daughter's condition. From the fact that she gave such an accurate description of a painful dysmenorrhœa, and, believing that the uneasy sensation about the anus was reflex, I suggested that she consult a gynecologist. This she did; and he informed me that, in his opinion, the trouble originated and was kept up by a displaced womb. For this he had her wear a supporter and take medicines prescribed. This treatment was followed with great care for many months, but without the least benefit. She believed that her trouble was in the rectum. Seeing that she placed great stress upon this, I got her consent to take chloroform, and allow me to do whatever was necessary. To this she readily consented. Chloroform was given; no rectal disease was found, but the sphincters were forcibly dilated. She left the infirmary in one week. After three weeks her physician wrote to me, saying: "Miss B— is a changed girl; she no longer complains of anything, and is now continually on the go, where, before this, she would not venture out of the house. What did you do?"

The recitation of these two cases, I think, quite sufficient to explain that in these obscure rectal cases, with symptoms that are vague and point to other trouble, an investigation of the sphincter should be made. That which evidences that it is the source of trouble is its irritability, with or without pain, upon examination.

As a factor in producing and keeping up a constipated habit, I am sure that this state of the sphincter muscles is the greatest of all causes. The late Dr. Cowling recognized this fact, and said to me, before his death, that he believed that stretching the muscles would do much in overcoming constipation. In all cases where it has been necessary to divulse in rectal diseases, when constipation was co-existent, it has been my observation that said habit was overcome. Acting upon Dr. Cowling's suggestion, and the result as stated in these cases, I have quite often divulsed the sphincter ani muscles for long-continued constipation, always with most excellent results. Recognizing the vast amount of trouble that constipation breeds, and knowing the difficulty that is generally met with in overcoming the habit, I would respectfully advise the divulsion of the sphincters as a most excellent method of cure.—*Abstract from The Report on Rectal Diseases, read before the Kentucky State Medical Society, by* PROFESSOR J. M. MATHEWS, M.D. *American Practitioner and News.*

INTERNATIONAL CONGRESS.—CIRCULAR NO. 2.—The Ninth International Medical Congress will assemble in the City of Washington, the Capital of the United States, on Monday, September 5, 1887, at 12 o'clock noon, in accordance with the arrangements made at Copenhagen in August, 1884.

Patrons.—The President of the United States, the Hon. Grover Cleveland; the Secretary of State, the Hon. Thomas F. Bayard; the President of the Senate of the United States, the Hon. John Sherman; the Speaker of the House of Representatives of the United States, the Hon. John G. Carlisle.

PROPOSED OFFICERS OF THE CONGRESS.

President.—Nathan S. Davis, M.D., LL.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine, Chicago Medical College, and of Mercy Hospital, Chicago, Ills.

Vice-Presidents, as far as appointed.—McCall Anderson, M.D., London, England; Mr. Thomas Annandale, Professor of Clinical Surgery, Edinburgh University, Edinburgh, Scotland; Professor Dujardin-Beaumetz, M.D., Paris, France; Cuthbert Hilton Golding-Bird, M.D., Professor of Physiology, Guy's Hospital, London, England; Professor Carl Braun, M.D., Vienna, Austria; William Brodie, M.D., Emeritus Professor of Principles and Practice of Medicine and Clinical Medicine, Detroit College of Medicine, Detroit, Michigan; W. W. Dawson, M.D., Professor of Surgery and Clinical Surgery, Medical College of Ohio, Cincinnati, Ohio; Thomas M. Dolan, M.D., Halifax, England; F. R. Frazer, M.D., Professor of Materia Medica and Therapeutics, University of Edinburgh, Edinburgh, Scotland; J. A. Grant, Ottawa, Canada; J. A. S. Grant, M.D., Cairo, Egypt; A. L. S. Gusserow, M.D., Professor of Obstetrics, Berlin, Prussia; Dr. Hans Ritter von Hebra, Vienna,

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Austria; Dr. E. Klein, London, England; M. Le Baron H. Larrey, Paris, France; Sir William MacCormac, Surgeon St. Thomas's Hospital, London, England; Mr. George B. McLeod, Professor of Surgery, Glasgow, Scotland; John S. McGrew, M.D., Honolulu, Hawaiian Islands; E. M. Moore, M.D., LL.D., Rochester, New York; Professor von Monseil, Bonn, Prussia; Dr. Müller, Berlin, Prussia; William Murrell, M.D., London, England; Chas. D. F. Phillips, M.D., M.R.C.S., late lecturer on Materia Medica and Therapeutics, Westminster Hospital, London, England; Richard Quain, M.D,, Professor of Anatomy, London, England; Tobias G. Richardson, M.D., Professor of General and Clinical Surgery, Medical Department Tulane University, New Orleans, Louisiana; M. P. Ricord, Paris, France; Prof. John Burdon-Sanderson, M.D., London, England; Lewis A. Sayre, M.D., Professor of Orthopædic and Clinical Surgery, Bellevue Hospital Medical College, New York; Dr. Mariano Semmola, Professor of Experimental Therapeutics, University of Naples, Italy; Dr. Leopold Servais, Antwerp, Belgium; J. M. Toner, M.D., Washington, D. C.; Dr. P. G. Unna, Hamburgh, Germany; Professor F. Winckel, Dresden, Saxony; the President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy.

Secretary-General.—John B. Hamilton, M.D., Supervising Surgeon-General of the United States Marine Hospital Service; Professor of Surgery, Georgetown University, D. C.; Professor of Surgery, Chicago Polyclinic.

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Chairman of the Committee of Arrangements. —A. Y. P. Garnett, M.D., Emeritus Professor of Clinical Medicine, Columbia University, Washington, D. C.

Associate Secretaries of the Congress.—William B. Atkinson, M.D., Philadephia, Pa.; G. B. Harrison, M.D., Washington, D. C.

The Congress will consist of such members of the regular medical profession as shall have registered and taken out their ticket of admission, and of such other scientific men as the Executive Committee of the Congress shall deem it desirable to admit. The books for the registration of members will be open from 9 A.M. to 5 P.M., on Thursday, September 1, 1887, and on each subsequent day during the session, under the charge of the "Reception Committee." Any member desiring to anticipate this registration, can apply by letter to the secretary-general and forward his dues, with his address in full, when a receipt will be returned.

The dues of membership for residents of the United States will be ten dollars. There will be no dues for members residing in other countries. Each member will be entitled to receive a copy of the "Transactions" of the Congress, when published by the Executive Committee.

The general sessions of the Congress will be devoted to the transaction of business and addresses and communications of general scientific interest, by members appointed by the Executive Committee. A printed programme of the sessions will be presented to each member on registering. A printed order of business for each day will be issued.

The work of the various sections will be directed by the president of the section, and the order will be published in a daily programme for each section. Questions and topics that have been agreed on for discussion in the sections shall be introduced by members previously designated by the titular officers of each section. Members who have been appointed to open discussions shall present to the secretaries of the section, in advance, statements of the conclusions which they have formed as a basis for the debate.

Brief abstracts of papers to be read in the sections shall be forwarded to the secretaries of the proper section on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular list of subjects for discussion shall give notice of the same to the secretary-general at least twenty-one days before the opening of the Congress. The titular officers of each section shall decide as to the acceptance of such proposed communications, and the time for their presentation. No communication shall be received which has been already published or read before a society.

The official languages of the Congress shall be English, French, and German. Each paper or address shall be printed in the "Transactions" in the language in which it was presented. Preliminary abstracts of papers and addresses shall also be printed in the language in which it is to be delivered. All discussions shall be printed in English.

The officers of the Congress and the officers of the sections, including all foreign officers, will be nominated to the Congress by the Executive Committee, at the opening of the first session. A partial list of the officers to be nominated (except the members of council of the different sec-

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tions, the list of whom is at present imperfect), is offered herewith.

The Executive Committee cordially invites members of the regular medical profession, and men eminent in the sciences collateral to medicine, in all countries, to participate, in person or by papers, in the work of this great humanitarian assembly. Communications relating to appointments for papers to be read in the Congress should be addressed to Dr. John B. Hamilton, Secretary-General of the Ninth International Medical Congress, Washington, District of Columbia. All questions or communications connected with the business of the Executive Committee should be addressed to Dr. Henry H. Smith, Chairman of the Executive Committee of the Ninth International Medical Congress, Philadelphia, Pennsylvania. Gentlemen named in any position in the Congress are requested to notify the Chairman of the Executive Committee, as soon as practicable, of any error in the name, title, or address in this circular.

Ladies in attendance with members of the Congress, and those invited by the "Reception Committee," may attend the general sessions of the Congress when introduced by a member. They will also be invited to attend the social receptions. The Executive Committee reserves the right to invite distinguished persons to any or all the meetings of the Congress. The attendance of medical students and others interested in the work of the various sections or in the general addresses delivered in the Congress, will be permitted on the recommendation of the secretary-general or the officers of a section, on their taking out from the Registration Committee a general ticket of admission, fee one dollar; but such persons cannot take part in the proceedings.

All communications and questions relating to the special business of any section, must be addressed to the president or one of the secretaries of that section. As many details of the Congress and numerous appointments of officers are yet to be completed, other circulars will be issued from time to time, as circumstances may demand.

The following is the list as at present completed:—

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Laryngology.—William H. Daly, M.D., Pittsburgh, Pa.

Dermatology and Syphilis.—A. R. Robinson, M.D., Professor of Dermatology, New York Polyclinic, and of Histology and Pathological Anatomy, Woman's Medical College of the New York Infirmary, New York, N. Y.

Public and International Hygiene.—Joseph Jones, M.D., Professor of Chemistry and Clinical Medicine, Tulane University, ex-president Board of Health, New Orleans, La.

Medical Climatology and Demography.—Albert L. Gihon, M.D., Medical Director United States Navy.

Psychological Medicine and Nervous Diseases.—John P. Gray, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence, Bellevue Hospital Medical College, Utica, N. Y.

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Otology.—

Laryngology.—M. F. Coomes, M.D., Kentucky; J. H. Hartman, M.D., Maryland; J. O. Roe, M.D., New York; E. L. Shurley, M.D., Michigan; G. V. Woolen, M.D., Indiana.

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Gynecology.—Ernest W. Cushing, M.D., Boston, Mass.

Therapeutics.—Frank Woodbury, M.D., Philadelphia, Pa.

Anatomy.—Henry Morris, M.D., Philadelphia, Pa.

Physiology.—R. W. Bishop, M.D., Chicago, Ill.

Pathology.—H. M. Biggs, M.D., New York, N. Y.; T. N. Himes, M.D., Cleveland, Ohio.

Diseases of Children.—Dillon Brown, M.D., New York.

Ophthalmology.—S. C. Ayres, M.D., Cincinnati, Ohio.

Otology.—S. O. Richey, M.D., Washington, D. C.

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Laryngology. — William Porter, M.D., St. Louis, Missouri.

Dermatology.—W. T. Corlett, M.D., Cleveland, Ohio; F. E. Daniel, M.D., Austin, Texas.

Public and International Hygiene.—George H. Rohé, M.D., Baltimore, Md.; Walter Wyman, M.D., U. S. Marine Hospital Service, New York, N. Y.

Climatology and Demography.—Charles Denison, M.D., Denver, Colorado; James F. Todd, M.D., Chicago, Illinois.

Psychological Medicine.—E. D. Ferguson, M.D., Troy, N. Y.; E. Landolt, M.D. (Berlin, Prussia), Paris, France.

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By order of the Executive Committee of the Congress.

HENRY H. SMITH, Chairman.
RICHARD J. DUNGLISON, Secretary.

TO THE PRESIDENT OF THE CONGRESS:

Dear Sir: In accordance with the request of Dr. Joseph Jones, of New Orleans, La., president of the XIVth Section of the Ninth International Medical Congress, I will investigate the important questions embraced under Section VI. of the inquiries prepared for the Council of this section by Dr. Jones. In order to throw light upon these important questions, I have, upon consultation with the president of the XIVth Section, drawn up the following questions, relating chiefly to the effects of overflows and rice culture upon the public health; and in order to obtain reliable information, I address the following interrogations to the medical men in those localities, and respectfully request, as early as possible, a full and specific answer to each question:—

Question 1. How long have you been cognizant of the results of overflows of the Mississippi River and its tributaries upon the public health?

2. Have you closely observed the effects of said overflows upon the public health?

3. Have you generally or uniformly observed an increase of sickness immediately succeeding these overflows?

4. If so, what disease? Their character and type?

5. What local or general conditions (including topography) have you noted, controlling or modifying the effects of the overflows upon the public health?

6. Have you kept statistics of the number and dates of these overflows, and the cases of sickness (if any) resulting therefrom? If so, please give these statistics.

7. What is your experience of the effects of rice culture upon the public health? and what the rate of death per thousand population before and since the commencement of rice culture?

8. Has malarial hæmaturia increased in frequency and severity during the past forty years? And is said increase due to the increased cultivation of rice in the delta of the Mississippi River, or in other localites where rice is cultivated?

9. What effect has the camping and working of State prisoners in the low lands and swamps had upon said prisoners, held by Louisiana, Arkansas, Mississippi, or other States so employing their prisoners?

10. How many deaths have been caused among State prisoners by malarial diseases, directly traceable to exposure to the malaria of the swamps?

11. Give facts bearing upon the relative effects of overflows and rice culture upon the colored and white races?

12. Relations of drinking water to the health of the inhabitants of rice, sugar, and cotton plantations? Effects of swamp water? effects of cistern, well, and spring water for drinking purposes?

13. The best means of protecting the health of the laborers and inhabitants in such localities?

The physicians of the valley of the Mississippi River and the rice regions of Arkansas, of Alabama, Georgia, North and South Carolina, Florida, and Texas, are earnestly requested to furnish their replies to

RICHARD H. DAY, M.D.,
Baton Rouge, La. P. O. Box 181.

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COMMERCIAL NEWS.

INGLUVIN.

A very learned name for a remedy is ingluvin. It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals. The honor of its discovery and utilization, in its crude state, remotely dates with the Chinese gastronomer, as well as to the Caucasian chemist, in its refined condition. From time immemorial the inhabitants of the Celestial Empire have used the gizzard of chickens and ducks in nearly all made dishes. Their writers have recommended the practice as a sovereign treatment of dyspepsia, weak stomach, and vomiting. A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century. On the other hand, the organic chemists of Europe discovered, about 1850, a powerful nitrogenous radical in the gizzard. Experiments thereafter showed it to possess many of the qualities of pepsin. These experiments led to to its isolation. Numberless experiments have proven it to be a very valuable addition to therapeutics. Where pepsin refuses to act, and where, in severe cases, it has even been rejected by the stomach, ingluvin effected relief rapidly and with the greatest ease.

In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Dr. George Everson, Jr., a well known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, ingluvin stayed the retching, and enabled them to retain and digest food.

Dr. Lansing reports a similar experience in several cases of acute dyspepsia.

A priori, it would seem as if ingluvin should be more efficient and potent than pepsin in many cases of physical disorder.

Our poultry are chiefly granivores and have no beak nor other buccal apparatus for crushing the hard grain and seeds on which they so largely feed. The food is swallowed when apprehended and passes directly into the crop or gizzard, This seems to act both mechanically and chemically. Its interior walls are covered by a dense hard, cultous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather, than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls, and the gravel and their interior is exposed to the chemical action of the ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinaceæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid rather than that of the sublingual and submaxillary glands of the human being, it would seem as if ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the far-seeing chemists, William R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical profession. The American Analyst bespeaks for it the same appreciation by its readers. We extract the following:—

Professor Roberts Bartholow, M.A., M.D., LL.D., in his late work on "Materia Medica and Therapeutics," says: "Ingluvin. This is a preparation from the gizzard of the domestic chicken —*ventriculus callosus gallinaceus*. Dose, gr. v.—℈j."

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy. It is a stomachic tonic, and relieves indigestion, flatulence, and dyspepsia.

The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—From the *American Analyst*, August 1, 1886.

IN the decline of life, when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one-half to one teaspoonful of Bromidia at bedtime. It may be taken for years in the same dose, with the same effect, and without detriment.

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A Conquest of Chemistry.

Heretofore, to the best of our knowledge, there has never been manufactured an emulsion of cod-liver oil that was not subject to more or less separation of the oil from the vehicle under certain conditions of temperature. To patients who were not familiar with the properties of all cod-liver oil preparations this separation of the oil has been an objection, and in fact, has created in many cases a suspicion that the preparation itself had undergone changes depriving it of its therapeutic value. This has been a continuous source of annoyance to the medical profession as well as to druggists, and one, too, from which there was promised no relief. However, Messrs. William F. Kidder & Co., of New York, after several years of investigation and experimentation with hydroleine (hydrated oil), have finally succeeded in overcoming this objection by making hydroleine so that it will keep indefinitely and withstand any degree of heat or cold without the slightest separation of the oil. Although the process of manufacture has been changed, to improve the keeping qualities of the drug, the preparation remains the same as before, with the exception of a slight change in its consistency, it being somewhat thicker than formerly; but the most important consideration being its therapeutic effect, the question naturally suggests itself—has this improvement in the pharmacy of the preparation been made at the expense of its medicinal qualities? We are pleased to say that it has not detracted from its therapeutic value in the slightest, and hydroleine is just as effective as ever. We can give it no better testimonial than to say "it is as good as ever," for its usefulness in all cases where cod-liver oil is indicated is too well established to need any comment. We have never heard any objection to hydroleine, except that it would separate, the same as other cod-liver oil preparations, and now that its manufacturers have overcome this we believe that the profession have only to be made acquainted with the improvement to insure their appreciation of the change in the preparation, the enterprise of its manufacturers, and to prescribe hydroleine whenever cod-liver oil is indicated.

Chronic Starvation.

Upon whatever other points they may differ, authorities on dietetics agree that nitrogen is the most essential of all foods, and that a certain amount should be taken regularly. Diminution of the quantity of food, whether from inability to procure it, or a disinclination for it, generally means decrease or absence of nitrogen. That this leads to dire results is a well established fact. Graily Hewitt, in an address on "Chronic Starvation and Delicate Females," before the British Medical Association, said: "For the last ten years or more I have carefully inquired into the history of patients suffering with uterine and ovarian disease, or some affection incidental to child-bed, and I have found a continuous insufficiency of food, especially the nitrogenous, to have existed almost universally, so that I have naturally come to regard this chronic starvation as an important factor in disease."

The serious troubles arising from insufficient nourishment are also shown in a marked manner in the case of delicate females during gestation, a large proportion of whom are so enfeebled by the constantly recurring paroxysms of vomiting and the consequent diminution of food assimilation, that when the period of parturition arrives they are so reduced in strength as to be peculiarly susceptible to the attacks of disease incident to child-birth, and the offspring is ushered into the world puny and feeble, and especially liable to a complication of physical evils solely attributable to its starved and anæmic condition.

Colden's Liquid Beef Tonic contains precisely the elements indicated by Dr. Hewitt as being so essential, combined with citrate of iron, cinchona, and simple aromatics, forming at once a palatable nutriment and reliable tonic, and its range of usefulness embraces all cases of debility of whatever origin. It has been in use fifteen years, and those who have used it most are most emphatic in its praise.—*Massachusetts Medical Journal*, Boston, Mass., June, 1886.

Alkatrits, Alkametric Granules, and Alkadermic Pellets.

Messrs. F. Stearns & Co., of Detroit, Mich., have introduced a new series of preparations of the alkaloids employed in medicine, which they term alkatrits, alkametric granules, and alkadermic pellets. They consist of powders, granules, and pellets, which contain the minimum dose of the medicament indicated, combined with a sufficient quantity of cane sugar to render them unobjectionable to the most fastidious patient. They are elegant in appearance, reasonable in price, and enable the physician to administer accurate doses of positive remedies with ease and convenience. Messrs. F. Stearns & Co., will take pleasure in furnishing samples of these preparations by mail, post prepaid, to physicians desirous of testing their merits.

I used Peacock's Bromides in a case of meningitis when everything else had failed, and the result was splendid, the child recovering under the use of it alone.

G. T. VanCleve, M.D.,

Malden, Mo.

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THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, OCTOBER, 1886. No. 10.

ORIGINAL COMMUNICATIONS.

SUGGESTIONS TO OXYGEN USERS.

BY SAMUEL S. WALLIAN, A.M., M.D.

IN the March and April numbers of THE MEDICAL BULLETIN for the current year, Professor Vanderbeck discussed enthusiastically concerning the use of oxygen in therapeutics. Since a larger part of the paper was made up of direct and duly accredited quotations from my published articles, it is a fair illustration of the fastidious unreasonableness of human nature when I confess that but for want of time I should have long since expressed a dissatisfaction—rather an unsatisfaction—with the doctor's effort.

Perhaps his paper has had the effect to awaken an interest in the subject in the minds of some readers who had not previously given it any thought, but it is unsatisfactory in that it does not attempt to add anything to our present stock of knowledge by way of personal experience with the remedy.

In these days of vigorous beating the bush for practical facts there is little time for mere compiling and reiteration of other men's ideas. The demands on the time of every active practitioner are such that he cannot afford to waste a moment in tracing theoretical corroborations, however attractive they may sound as literary efforts.

The incessant demand upon all who teach and write is for new facts and new applications and corroborations of old facts. "What is your point? What practical fact have you demonstrated, what unsettled theory verified, what foggy point cleared up?" This is the ordeal to which every effort must defer.

Dr. Vanderbeck's paper, in connection with other fugitive publications, has called out a considerable and increasing correspondence with reference to the clinical preparation and use of oxygen, to which it has been impracticable to make satisfactory response by personal replies.

The burden of inquiry is far more definite, and detailed directions to those who have recently begun, or are about to begin the experimental use of the treatment than has yet been published.

Fully conscious, that as regards the sphere of usefulness which this remedy may be made to fill, its limitations and possibilities as well, we yet know very little, I venture to occupy a brief space in an attempt to give to the profession such suggestions as have occurred to me during an experience with the agent which began nearly twenty years ago.

This revival of the use of oxygen and allied agents in medical practice bids fair to become quite general—perhaps to merge into a veritable craze. As a matter of course, much crude work will be done, and many ill-digested reports published. Even reliable and competent observers will fail of satisfactory results, on account of non-observance of some of the details of manipulation, which are a prerequisite of success. From personal experience I am convinced there will be more failures than successes.

As illustrated by observation and experience, I group the sources of failure as follows:—

1. Impure gases used.

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2. Want of proper discretion in the selection of cases.

3. Injudicious exhibition.

4. Neglect to regulate the personal habits of patients.

5. Failure to enlist rational and necessary auxiliaries.

6. Want of due perseverance.

Under the first head, it is more difficult to detect the quality of gases than to test ordinary drugs. Practically, the sense of taste, and incidentally or negatively that of smell, are all that can be appealed to; and these are not at all times accurate or reliable guides.

The sources of impure gas are various. Either impure chemicals have been used, too high temperature has been permitted during the process, the washings have been insufficient, or the gas has been used too soon after making, and without having stood long enough over water.

On the score of pure chemicals too much stress cannot be laid. For generating oxygen pure chlorate costs twice as much as poor chlorate, and the crystalline, imported manganese costs four or five times as much as the ordinary and very impure American variety. But those who are conscientious, and satisfied only with the best attainable results, will not jeopardize their own success as well as the safety of their patients by a penny-wise and pound foolish economy in the matter of chemicals.

And here a word as to purchasing commercial gas compressed in cylinders. This article is now supplied by various houses, and is in demand chiefly for producing calcium lights, and for mechanical purposes. It cannot be expected that those who manufacture it on a large scale for these uses will observe any of the numerous precautions which are absolutely essential to the production of a product pure enough for medicinal use. In pharmacy we no longer tolerate crude drugs. Crude oxygen should be avoided with even more scrupulous care. When it must be used to cover emergencies, and until manufacturers will give unquestioned assurance of a thoroughly reliable product, it is far better to make one's own gas. Let those who feel compelled to use this ready-made article, see to it that prior to its exhibition to patients it shall be as thoroughly washed and purified as it would have been had they personally manufactured it.

Even when care is observed in procuring the best of chemicals it is quite possible to realize a very impure gas. Too great heat surely debases the quality of the product; chlorine is evolved, and, without the most thorough precautions, traces of it will force their way into the gasometer. The least taint of this gas, it is hardly necessary to say, is fatal to the best effects of oxygen. There is frequently a temptation, on account of other pressing cares, to hurry the process, as a consequence the quality of the gas is sure to suffer. On this point reiteration is not only excusable, but necessary. Very few experimenters are precise enough in observing the little details referred to, which are simple in themselves and yet vital to success; or, if they begin with the requisite thoroughness, they soon lapse into the practice of reprehensible negligence.

If the water in the meter-holders and wash-bottles is kept comparatively fresh, and the gas is allowed to stand for twelve or twenty-four hours before using, the water absorbs most of the impurities, and thus lessens the danger from this source. It is, therefore, a good precaution never to exhibit gas which has not stood twenty-four hours over water.

Nitrogen monoxide, now so extensively used as an adjuvant or synergist of oxygen, is also easily injured by excessive heat during the process of evolution.

The disengagement of gas begins at a temperature of 365° Fahr., the salt of ammonia used fusing at 329° Fahr. Above 365° Fahr. an increment of 5° to 15° Fahr. is all that is compatible with safety to the quality of the product. At and above 400° Fahr. dangerous elements are driven over, resulting in a gas unfit for any purpose.

It follows that both gases should be thoroughly washed.

For oxygen the wash bottles should be arranged thus: Two strong solutions of caustic soda or potash, or, still better, one of each, one of potassium permanganate—℥j ad. cong. j—and, finally, two or more bottles of pure water. If the latter be first boiled so much the better.

For purifying nitrogen monoxide substitute for the first caustic bottle a strong solution of ferrous sulphate, to which add at the rate of ℥j–℥ij of commercial sulphuric acid to the gallon. With this exception use the same arrangement as for oxygen.

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By a watchful adjustment of all these conditions, and a prompt regulation of the heat whenever it approaches the danger point, rules for detecting which cannot be definitely stated, but which is promptly detected by the practised eye as well as the practised ear, it is quite feasible to make sure of gases of unquestionable purity, without which attained results, even in well selected and carefully treated cases, will never be wholly satisfactory.

Under the head of source of failure number two, it is impossible to summarize rigid rules. Here the best professional judgment is required, and the entire curriculum of the physician's education is drawn upon. But it is always an encouraging reflection that a majority of chronic ailments are both induced and aggravated by a want of proper oxygenation, and are almost invariably helped by a recourse to super-oxygenation.

Under the head of injudicious exhibition, the greatest liability is in the direction of overdoing the treatment. Both physician and patient are apt to become impatient for signs of immediate improvement. Yet I have known very intelligent practitioners to err in the opposite extreme, by withholding from a distressed and cyanotic asthmatic, or by giving such stingy quantities of diluted gas as would produce no appreciable amelioration, whereas there should be no restriction as to strength or quantity in such cases, short of positively relieving the patient.

The neglect to supervise the patient's habits and hygienic surroundings is by no means confined to examples of this treatment. It is a common and crying omission in a large proportion of medical practice, since a majority of physicians are inexcusably negligent in this respect. The stereotyped maxims need not here be repeated, but three cardinal points may be mentioned, in order that they may be emphasized:—

1. As a prerequisite to success in an oxygen course, see to it that your patients breathe. With this function better performed, one-half the ills which afflict mankind—especially womankind—would vanish into thin air. Banish corsets; substitute the "health-waist" instead. Do away with all restrictive clothing, and teach your patients the immeasurable value of thorough inflation of the lungs. Your efforts to relieve them of chronic ailments will fall still-born if you cannot make them breathe.

2. See to their diet. Not in that indefinite way so customary with physicians, by casually mentioning a few dietetic commonplaces—stereotyped phases that have come to mean no more than the average talk about the weather—but by a careful inquiry into details, and a thorough as well as generous adjustment of rules and conditions which will insure a regimen combining all essential food elements in due proportion, and at the same time be attractive and appetizing to the patient.

Many practitioners, otherwise careful and painstaking, fail in this particular. Every year further demonstrates the fact that hereafter the question of nutrition must occupy the foreground in every rational system of therapeutics. We do not question the assertion that without nutrition there is no life, but we fail to realize that to be but half nourished is to be but half alive.

In connection with an oxygen course, the question of proper and adequate nutrition is especially important, since tissue changes are inaugurated which require that ample supplies of reconstructive material shall be promptly at hand and in the best form for assimilation.

Remember, that imperfect and perverted nutrition is at the bottom of all wasting and degenerative diseases, and that it may be safely asserted that a majority of the race only half live because they are only half nourished.

3. Having properly regulated the breathing and feeding habits of your patients, do not forget the importance of the bath. Accelerated tissue changes involve increased waste, and this should be promptly removed and washed away. For this purpose a semi-weekly tepid, warm, or hot bath, according to individual conditions and preferences, with plenty of solvents and aromatics added—borax, ammonia, Cologne, Florida water, etc.—will add greatly to the progress of the case and the comfort of the patient.

With reference to the fifth source of failure cited, it is sufficient to barely revert to the subject. No rational aid is to be ignored. The day of hobbies has gone by. There are no specifics, but there are many aids. Let none of them be omitted. In many cases they are all essential.

Finally, as far as possible do away with the high-minded uneasiness to which so many patients yield long before they have had time to realize any marked or permanent benefits. Show them how unreasonable it is to expect

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the long accumulated results of bad habits or bad surroundings should be undone and overcome in a day or a week. Teach them to be content with a slow but steady progress, though necessarily slow, but all the more surely thorough and permanent processes, whereby the diseased conditions are quietly removed and long lost health regained.

491 West Twenty-Second Street, New York.

ORTHOPÆDIC NOTES.

WITH REPORTS OF INTERESTING CASES TREATED AT THE SURGICAL INSTITUTE, N. E. CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

[Concluded from January number.]

THE body is supported in such a way as to make pressure directly over the points of curvature. Extension can be made upon the entire spinal column by elevating the head-rest *A* and lowering the seat *E*.

The form of mechanical support to be worn is a matter of great interest and importance. It must be varied and adjusted to suit each individual case, and should be such as can be frequently and readily altered and readjusted as the case progresses and changes under treatment. This must be done in order not only to secure and retain what is gained, but also to keep up the progress of the treatment; otherwise no apparatus for spinal support is of much value in lateral curvature.

Barwell's elastic rubber belts—his "loin," "oblique," and "spiral bandages"—are ingenious, but can only be useful in the earliest stages and mildest cases. The plaster-of-Paris jacket and all its substitutes of "poro-felt" or "perforated leather," etc., are alike wholly inapplicable to cases of lateral curvature. They make compression equally in all directions, whereas the indications are for pressure in certain definite and special directions only. They could not be borne or worn at all, if actually applied so tightly as to really retain the thoracic walls firmly and rigidly in the position which they assume during the suspension usually practised whilst they are being applied. The practical result therefore is, that there is ample room left for the spine to resume and maintain its distorted position in any of these jackets. Yet they are tight enough to so limit and restrict the action of the spinal and thoracic muscles as to seriously interrupt their normal activity and render futile any effort to restore their lost equilibrium or renew their general vigor by exercise, which are points of the utmost importance in the treatment of all cases of central origin.

The whole brood of "jackets" should therefore be utterly and absolutely discarded in all cases of lateral curvature; besides being heavy, clumsy, and every way uncomfortable, they are always just tight enough for injury and just too loose for utility. Pressure is permissible at a few points only, and these points of pressure must be such as will tend to correct the deformity by pressing, drawing, and holding the body in a more correct position.

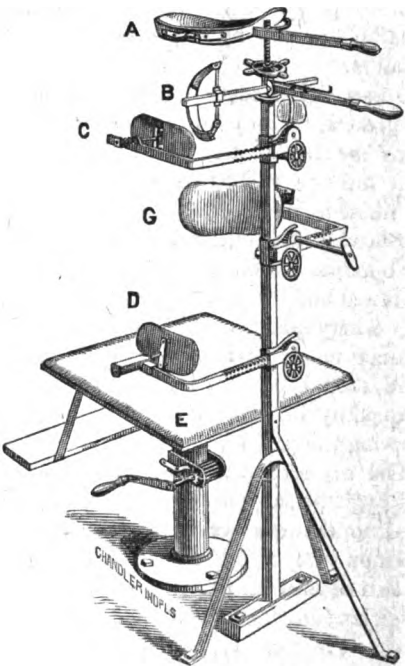

FIG. 11.

The common form of steel spinal instrument, with adjustable spring pads, or bearings, at the proper points, will often be sufficient. A ratchet joint, *A*, in the steel back strap, Fig. 12, is sometimes more efficacious in cases where the tendency to rotation is slight or absent. Cases originating from pelvic obliquity will always need a leg attachment to the brace here outlined. The few cases originating from unequal length of the legs, must be corrected by a leg-brace extension or some form of extension to the shoe.

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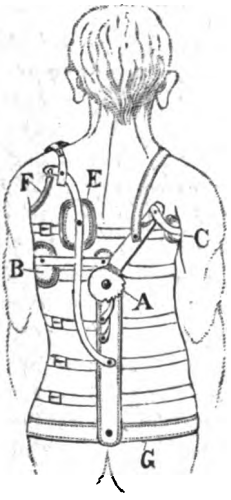
In marked contrast with lateral curvature, the pathology of Angular Curvature is universally and definitely accepted, at least as far as relates to the actual morbid condition of the vertebra. Its etiology is, however, a disputed point. Many authorities regard the disease as always of tubercular origin; a few others ascribe it to an inflammatory process, originating from traumatism. Although a few cases are undoubtedly of tubercular origin, this cannot be true of the great majority, as the general curability of the disease and the frequent spontaneous recovery of the general health even in neglected cases, *albeit* with great deformities, is utterly

FIG. 12.



In Fig. 12 is depicted a brace for Lateral Curvature. *C* is a padded inverted steel arch, passing under the arm-pit, regulated by the ratchet joint, *A*, so as to elevate the low shoulder. *B* and *E* are adjustable pads, pressing upon the projecting points, of the elevated side and shoulder, at points over the greatest convexity of curvature. *G* is a steel band fitted around the hips to fix and support the apparatus. The marks [-] are merely elastic tape straps holding in place an apron of open meshed cloth fitting across the chest and abdomen.

at variance with clinical experience in regard to tubercular disease in all other cases.

Moreover, I have made diligent search for the "bacilli tuberculosis" in the pus from five cases of Pott's disease, complicated with abscess, finding them in but one, and that was a case in which death ensued in a public hospital.

From some cause an inflammatory process is established, which results in destruction and absorption of certain of the intervertebral cartilages, and the more or less complete destruction of the spongy cancellated bodies of the adjoining vertebra, whilst the harder posterior portions of the vertebra remain intact.

The weight of the body speedily causes a forward tilt, the spines become more prominent at the diseased point, and a more or less acute angular curvature results. The angular projection of the spine is very generally directly backward; cases, however, are occasionally seen in which the body is also strongly thrown over to one side or the other, thus making a compound forward and lateral curvature, by which the spinal column is sometimes so twisted as not only to make one shoulder higher than the other, but also anterior to the other, so that in walking there is an awkward appearance, as though the thorax was progressing in some degree sidewise. This is caused by one side of some of the vertebral bodies becoming more rapidly broken down than the other, together with a necrosis and giving way of some of the spinal arches and facets upon that side.

A very early diagnosis of Pott's disease is a matter of the utmost importance, for, if the proper treatment is very early adopted, the disease can be almost certainly cured, and, in many instances, so perfectly cured that practically no deformity results, such a mere trace of the disease only remaining as to require a very careful examination of the spine to detect it. The stature, however, even in these most favorable cases seems always to be somewhat diminished. The difficulties of an early diagnosis are not great. Aching pains through the sides and anterior portions of the body nearly opposite to or in front of the diseased vertebra, in connection with a loss of the usual ability to lean forward or stoop, are the earliest symptoms; and the fact that assuming these positions is awkwardly performed and increases these pains, and that similar pains are occasioned by slight jerks or jolts of the body in riding, walking, or by slight missteps, or that there is a disposition to lean the body forward to seek for support from the hands, or even to rest the chin against a chair, or table, are points of such universal occurrence that they can scarcely be overlooked, and of such positive significance as to demand an immediate and careful examination of the spine for the earliest traces of disease or commencing deformity. If as yet no further evidence of Pott's disease can be positively discovered, at least perpetual watchfulness should be instituted, and repeated examinations should be made, so that not one hour may be lost in applying the proper remedy should vertebral disease become manifest.

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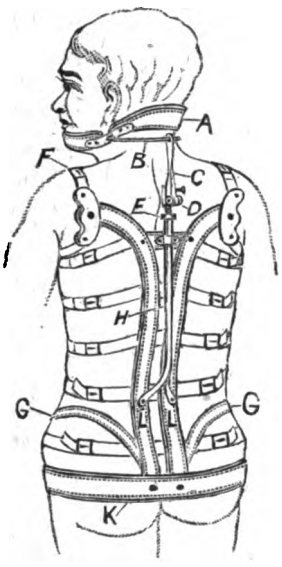
The pains just spoken of are peripheral manifestations of irritation near the roots of the spinal nerves as they emerge from the spinal foramen of the diseased vertebra. Unfortunately they are generally accounted for and covered under the broad mantle of neuralgia, rheumatism, etc.; but the fact of their distinct increase by exercise, stooping, missteps, etc., or their distinct connection with an impaired motion of the spine, will generally enable the surgeon to decide upon their origin, and eliminate the almost universal error as to their alleged neuralgic or rheumatic origin.

FIG. 13.



In Fig. 13 is depicted a brace for Angular Curvature. *K* and *G* are the steel hip bands on which the brace rests. *L L* represent the steel splint supports for the spine. *H* the padded points either side of the diseased vertebra. *F* the straps to hold the shoulders back. *A* represents the head rest, and *B* and *C* the steel rods by which it is attached to the other portions of the brace. *E* and *D* are screw arrangements for elevating and regulating the height and pitch of the head rest. The whole is upon an ingenious double joint, which admits both of rotation and rocking the head backward and forward. The marks [-] are merely elastic tape straps, holding an apron of open meshed cloth firmly against the chest and abdomen.

Thus a positive diagnosis can very often be made in the very incipiency of the disease and treatment be instituted before any angular deformity is manifested. There is quite universally a clear and positive manifestation of the above symptoms for a considerable time before the occurrence of the angular deformity, the elevation of the shoulder and the peculiar gait, so graphically depicted and described by nearly all surgical authors as important points in making the diagnosis. A good knowledge of the anatomy and distribution of the spinal nerves will almost enable the surgeon to locate the vertebra affected from the pain manifested at the peripheral extremities of the spinal nerves.

In the matter of treatment, constitutional remedies, general or special tonics should not be omitted, and a few neglected cases may occasionally require for a time absolute rest in the recumbent position; but the grand remedy either early or late in the disease, is such mechanical support as will effectually relieve the bodies of the vertebra of a large part of the weight that usually falls upon them. Several devices are well known and frequently used for this purpose; perhaps the most commonly used, and worst of all, is the "plaster jacket" and its substitutes of perforated leather and felt. These are undoubtedly improvements upon the old crutch apparatus, by which futile attempts were made to hold up the spine by pushing up the shoulders, but for many evident reasons they prove quite as unsatisfactory in the treatment of angular curvature as they are in the treatment of lateral curvature.* A steel splint, *L L*, Fig. 13, applied to the spine, with nicely adjusted pads, *H*, one on each side of the diseased vertebra, and straps, *F*, to hold the thorax and shoulders back and prevent the weight falling upon the anterior portions of the vertebral bodies, is perhaps the very best arrangement. The solid vertebral facets thus become the fulcrum and resting point for the weight of the body, and the steel splints are the levers to hold it up. This apparatus is light and effective, is not oppressive to wear in warm weather, is easily removed whenever changing and renewal of the clothing is necessary, and above all does not interfere with the respiratory movements of the thorax. It supports the spine almost perfectly, when properly adjusted, but, like all other orthopædic appliances, requires continual watching, and occasional readjusting and tightening, in order to get the best results. These little attentions, however, are easily fulfilled, and require but little time after the brace is once properly fitted. Where a support for the head is required, the old-fashioned "jury mast" device—an unsightly, rickety concern, extending over the top of the head like a gallows, to which the head is literally swung—should be utterly discarded, and the steady "head rest," depicted in Fig. 13, substituted therefor. The head rest is infinitely less conspicuous, permits of the wearing of an ordinary head dress,—any form of hat or

* See page 310.

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bonnet,—and, above all, performs its functions perfectly and well, which the "jury-mast," —literally a gallows—does not do. This head rest has been known and used for many years past, and it is simply amazing that prominent surgeons should have so long neglected to recognize its merits, or even to become acquainted with its existence.

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*OBSTETRICAL EXPERIENCES WITH OBSERVATIONS.**

BY T. M. DOLAN, M.D., EDIN., HALIFAX, YORKS.

Fellow Royal College Surgeons and Gynæcological and Obstetrical Societies London, etc.

I PUBLISHED in the Obstetrical Journal of Great Britain and Ireland, June, 1879, an analysis of 1785 consecutive labors attended by me since December, 1866. I now supplement this list by an additional number of cases, arranged in same form, so that two periods of practice may be compared.

The tables shown on page 314 represent two periods of practice. I purpose to make a few observations on the use of the forceps, craniotomy, mortality, antisepsis, and other points arising in connection with these tables.

1. *The Forceps.*—I use only one kind of forceps, I believe, a Ramsbotham, being of the opinion of the late Mr. Bailey, of Thetford, that if the child is low you can deliver with these forceps; if the child is up a little higher, you have nothing to do but push the forceps up a little higher. I have had them since 1866, and used them in all classes of cases, in high and low operations, and when the os has not been fully dilated, without bad results. As a rule I apply the upper blade first; the patient lying in the left lateral reclining position, the position *par excellence* for labor. The number of forceps cases will at once strike the eye, and it will also be remarked that I have inserted the nationality of my patients. Whether as a rule the Celtic pelvis is straighter or narrower than the English, or whether Celtic crania are larger than English at birth, I have not sufficient data to determine; but I have found out in my practice that my Irish patients required more aid from art than English ones, and that the application of the forceps were more frequently demanded. Thus on 1240 English patients in table A, the forceps were applied thirteen times, one in ninety-five; whilst on 545 Irish they were applied thirty-nine times, one in thirteen. In table B I used the forceps sixty-three times, once in twenty-six times. This may seem a large number of applications of these instruments, but when we consider the number of labors concluded naturally, the proportion is not excessive. I am conservative, but recognizing the advantages of a timely application of the forceps, I have with increased experience used them more frequently in the second than in the first group. In reference to after results to mother and child, I am able to report favorably. I have attended the same women in different labors, and have from time to time seen the children I have delivered with the forceps, so that I can speak on this point. For instance, on December 10, 1866, I attended Mrs. C—, Southowram Bank, delivering her, with the forceps, of a girl. I attended this girl on several occasions, saw her grow up to womanhood, and delivered her of a male child with the same pair of forceps on October 10, 22, 1885, the mother of the girl being present at the time of birth. The pressure of the forceps has in no case, that I could trace, caused idiocy, epilepsy, or any form of insanity.

2. *Craniotomy.*—I am convinced craniotomy is too frequently performed, and that the long forceps and turning can very frequently obviate an appeal to this sacrificial art. I can illustrate this by a few cases.

Mrs. H— in her first confinement had craniotomy performed without a consultation by a medical practitioner, the head being subsequently delivered with the long forceps. This woman has now three living children delivered by me with the long forceps. She will always require the forceps.

Mrs. B—, delivered by me in four confinements, including the first, with long forceps. I was away from home in one confinement; craniotomy was performed by the unqualified assistant of another practitioner. The craniotomies I have assisted at have been caused by delay, the children being dead when I was called in. By version I have delivered women who have previously had their children craniotomized. I would emphasise the necessity of the teachers of midwifery laying down stringent rules on this operation, and impressing on students the great gravity of this operation. Cra-

* Paper contributed to Section of Obstetrics, Brighton Meeting British Medical Association, 1886.

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niotomy should never be performed without a consultation. It is a crime to do it with the scissors, as I have known it done. Alternatives to this operation have been treated of in the section, and I hope we are near the dawning of a new era; that we may, using the words of Dr. Barnes, "erect a scientific frontier against craniotomy."

3. *Mortality.*—In the first group the mortality is one in 162. In the second group one in 333, a result easily to be explained. The first group represents a practice amongst a laboring population, who were unable to regard the best laws of sanitation, and whose surroundings were unfavorable to recovery. The second group represents a better class of patients, who lived in better houses, and who were able to have all the advantages which spring from better houses, better food, cleanliness, and all those concomitants which promote health.

Dividing the cases I find there have been 373 since 1869, in the Halifax Maternity, at the workhouse, amongst which there have been only two deaths; one Eliza C—, reported in Obstetric Journal, November, 1878, died from septicæmia, the other reported in THE MEDICAL BULLETIN, March, 1885, after Cæsarean section. I may here direct attention to the paper published by Dr. Mouat (International Medical Congress, 1881, Transactions, vol. iv., p. 392) on "Maternal Mortality in Workhouses." "In 373 of the provincial workhouses," says Dr. Mouat, "and five of those in the metropolis, representing 25,198 accouchements, there was not a single death in a decade. In 135 others, two of which were in

TABLE A.—1785 CASES.

PRESENTATIONS.						MODE OF DELIVERY.				COMPLICATIONS.				DEATHS.		SEX.		TWINS.	NATIONAL.	
Head.	Breech.	Feet.	Face.	Arm.	Placenta.	Natural.	Forceps.	Version.	Craniotomy.	Septicæmia.	Adherent Placenta.	Post-Part. Hemorrhage.	Convulsions.	Mother.	Child.	Male.	Female.		English.	Irish.
1720	35	15	5	4	6	1711	52	16	6	2	7	3	5	11	26	936	861	13	1240	545
	1 in 50	1 in 119	1 in 357	1 in 446	1 in 297		1 in 34	1 in 111	1 in 297	1 in 892	1 in 255	1 in 595	1 in 357	1 in 162	1 in 68					

TABLE B.—1668 CASES.

PRESENTATIONS.						MODE OF DELIVERY.				COMPLICATIONS.				DEATHS.		SEX.		TWINS.	NATIONAL.	
Head.	Breech.	Feet.	Face.	Arm.	Placenta Prævia.	Natural.	Forceps.	Version.	Cæsarean Section.	Adherent Placenta.	Post-Part. Hemorrhage.	Convulsions.	Septicæmia.	Mother.	Child.	Male.	Female.		English.	Irish.
1612	26	17	2	8	2	1590	63	14	1	7	2	3	0	5	23	864	813	9	1370	298
	1 in 64	1 in 98	1 in 834	1 in 208	1 in 556		1 in 26	1 in 119		1 in 238	1 in 834	1 in 556		1 in 333	1 in 72					

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the metropolis, there was one death in each, 13,110 deliveries in all." The cause of this favorable result, in such a very unfavorable class, appears to me to be in small wards, only used intermittently, supplemented by cleanliness; and here I may speak on antisepsis.

4. *Antisepsis.*—I think we have got over the day when it would be considered a heresy to question the use of the spray. My patients have not been delivered under the spray, nor are they irrigated in the manner suggested by many eminent authorities. I hold it to be impossible in ordinary practice to guard against germs. I hold it to be unnecessary to inject every woman with perchloride of mercury or any other antiseptic in every labor case. By all this manipulation we are encouraging meddlesome midwifery, and sacrificing the greatest factor towards recovery, physiological rest. I have perfect faith in the theory of microbes, and am convinced of the necessity of occasionally resorting to vaginal injections, which should be given by the obstetrician himself; but I strongly protest against all the newer theories and practices with which we are threatened. I hold that absolute cleanliness is a sufficient safeguard, and as we can obtain such results in our workhouses and private practice as those given, I see no reason why we should change.

For antisepticism gone mad, I refer to a a paper published in October, 1880, in the Boston Medical and Surgical Journal. It contained an article on "Antiseptics in Gynæcology," with full directions for their use in obstetrics, to prevent puerperal fever by destroying poison-germs which might be introduced by the doctor or nurse. "At the beginning of labor the patient should have a hip-bath, the hair should be cut away from the genitals, the vagina and vulva should be washed with soap and disinfected with carbolic acid. During labor every examination should be preceded by a vaginal injection of a three per cent. carbolic solution, to prevent the examining finger carrying germs lodged at the vulva or in the vagina up to the uterus (which is about to be more or less lacerated). After delivery, the uterus should be regarded an important wound, which may heal by first intention, or in which the secretions may stagnate, become putrid, and be absorbed."

5. *The Treatment of the Placenta.*—The placenta is, as a rule, expelled without assistance. I have usually grasped the uterus, not to express the placenta, but to satisfy myself as to the contractile power of the organ. A tired muscle cannot do its work. When nerve force is exploded an organ requires rest to regain its tone. Expression represents force, and I have only resorted to it when uterine inertia, hemorrhage, or some other cause indicated that it was desirable to empty the uterus. Simple pressure is a useful adjuvant for this purpose.

6. *The Perineum.*—I am not an advocate for supporting the perineum as I believe much harm may be thereby done. I have seen but two cases of rupture of the perineum; one occurred in my own practice. The bed on which my patient was lying gave way while the long forceps were on, and the instruments tore through the sphincter. The woman made a good recovery. She had three children subsequently. In another case the forceps were used by a practitioner who was in a hurry. Both cases occurred as far back as 1876, when operations on the perineum were not in vogue so much as they are now. I have saved, I think, many a rupture by delaying delivery by pressing the head back and breaking the force of the pains, my fingers introduced acting as a buffer.

7. *Heart Disease in Pregnancy.*—The existence of heart disease in pregnancy forms a complication of a certain amount of gravity. One case I may particularly notice. A lady with mitral disease who had been attended by me in three confinements, during an absence from home, consulted a physician who not only advised her, but instructed her how to prevent conception, telling her she would die if she had another child. For five years she carried out his instructions, but at last, through some inattention to details, she became pregnant. She consulted me; I advised her to make her mind easy and to go on to full time; but not satisfied we consulted Dr. W. Playfair, who agreed with my advice. I delivered her with the long forceps at full time of a fine child, now living. The mother made an excellent recovery. I am of opinion that in all forms of heart disease it is better to wait and then expedite the delivery by version or the forceps. This I think should be the rule, making due allowance for exceptions.

In conclusion, I may say I have, in the desire to be brief, omitted reference to many practical points which spring from this paper, as laceration of the cervix, puerperal convul-

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sions, placenta prævia. It deals with rather a prosaic subject, and after listening to so many papers dealing with operative procedures and rare forms of midwifery complications, it may seem rather commonplace, but after all I think that the useful routine of daily practice indulged in by thousands of medical men all over England possesses some degree of interest. This contribution illustrates the work of the general practitioner: it differs from the practice of the schools, because in the latter the student has to be taught, and all the newer methods have to be explained. In our practice we have to be self-reliant, to be prompt in action, to accommodate ourselves to our surroundings, to be content with nurses of varied attainments not always of the highest character, and in other ways to have "to labor" under difficulties.

The role of accoucheur, then, though it may not be so brilliant, yet withal it may be useful, and though we may not gain such a degree of praise as falls to the lot of the operative gynæcologist, yet it is something to be rewarded by the mother's smile and the father's thankfulness, when we have completed a process which has, from the earliest days, ever been regarded as a period of peril. We can never rob it of its dangers; we have to receive "a poor spark snatched up from a failing lamp, which went out therefor." In too many cases the weight of maternity is too great, and as Elizabeth Barrett Browning describes "Aurora Leigh's Mother," so we have to attend such mothers.

"She was weak and frail;
She could not bear the joy of giving life;
The mother's rapture slew her."

We can reduce our mortality down to a lower degree, but we cannot overcome qualities inherent in the mother. How we may render the process safe appears to me to depend on adhering to some of those laws which were laid down by some of the older obstetricians, and foremost among these is a reliance on nature, "more wise than we are," as Madam Bovin says.

A CASE OF PARESIS OF THE BOWELS.

BY J. E. HOFFMAN, M.D.

ON the 28th of March, 1886, I was summoned to the bedside of a woman who, it was supposed, was in a dying condition. I found her suffering intense pain in the bowels, also vomiting fecal matter. On making an examination, I found the transverse colon very much distended with hardened fecal matter. My patient being in a very precarious condition, I was as brief as possible in my examination. Being informed that her bowels had not moved for three weeks, I immediately ordered an ointment composed of—

℞. Belladonna ext. . . . . ʒj.
Adeps . . . . . ʒvij.
To be applied over the entire abdomen.

Internally, I ordered ½ gtt. pills of oleum tiglii every two hours. After a lapse of six hours, patient had two copious evacuations of black, fetid matter. I then allowed her to take an occasional milk punch. When I called the next day, I made a very thorough examination into the history of the case, and learned that she did not have a regular movement for twenty years; had constantly been under medical treatment, and had exhausted every known means in the way of medicine, and finally resorted to the fountain syringe, daily washing out the bowel. At the time of my being called, even this procedure had failed also. I asked her if she had any trouble with the head and spine, at first she said no, but after continuing in my examination, I found that she had suffered from hysteria, and that the entire lower half of her spine was extremely sensitive to pressure. Upon examination of the abdominal organs, the liver and spleen were ascertained to be very much enlarged. I proposed a course of electricity, employing the faradic current, placing the positive electrode over the ileo-cæcal valve, and with the negative passing over each portion of the bowel down to the sigmoid flexure; each sitting lasting from twenty minutes to half an hour.

After continuing in this way for about three weeks, I reversed my treatment, using a rectal electrode (negative) for the bowel, and passing the positive along the spine and over the abdomen. A marked improvement has since taken place in the patient's condition. Not only do her bowels move naturally, but her liver and spleen are very much reduced in size, and she has gained several pounds in weight.

31 GARDEN STREET, POUGHKEEPSIE, N. Y.

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SELECTED ARTICLES.

THE TREATMENT OF CONSTIPATION.*

BY HENRY M. FIELD, M.D.

THE physiological resources—or, better still, the resources answering to physiological indication—which the physician has at his command for the relief and cure of chronic constipation, may, for the purposes of analysis and classification, be referred to three subdivisions.

First.—Chronic constipation is quite often habitual constipation, and is to be most effectually combated by habitual and systematic attention to the demands of nature in a periodic evacuation of the bowels. Success along this line involves exceptional intelligence and resolution and confidence on the part of the patient. The poet Cowper has well expressed the difference of task in the formation of a habit and reformation in the stanza—

> "Habits are soon assumed; but when we strive
> To strip them, 'tis being flayed alive!"

It is far easier to swallow an occasional or a frequent pill than it is to adopt the system required for the removal of a bad habit in respect of constipation, and the patient, whose interest and confidence can be enlisted at first, too often loses faith in herself or the system, and, indeed, in the doctor. The young woman who has been so badly trained in her maternal home—and cases of this kind, throughout our best families even, are innumerable—that she has no other notion of the natural functions of the bowels than that response is to be made only to an emphatic call, an experience which may happen once in three or four days, or once a week, or less often, and who receives as a new revelation the statement of her physician that there should be alvine evacuation daily, at a regular hour, and the most rigid system observed in this particular, has no light occupation before her in an effort to inaugurate reform after so many years of inattention and irregularity. But such task has been repeatedly accomplished upon the condition of a fairly good constitution, of certain measures chiefly dietetic and hygienic of help, and of determined perseverance; and constipation thus cured is effectually and permanently cured.

The patient is to be instructed to select that hour of the day best in consonance with previous habits and least liable to interruption,* and invariably, as the hour comes round, to make an effort at stool, even though there be no solicitation, and notwithstanding there should be frequent non-success. So inevitably is man the creature of habit in every realm of his being, that the patient who invariably and resolutely attempts to perform any physiological function at a stated hour every day, will very surely, after a time, carry out his purpose; and the more especially in the present instance, if he have every assistance from a carefully adapted regimen. Of course, any physiological law whatever must have intelligent interpretation; and allowance must be made for occasional departure from the usual standard. There are patients who have excellent health upon the basis of a regular movement of the bowels once in forty-eight hours; and my preceptor, Dr. Peaslee, used to report the case, observed in one of his families where both husband and wife, then arrived at old age, had each been accustomed for many years, if not through life, to evacuate the bowels only once in nine days! It is the principle of regularity that is to be insisted upon; and a single occasion of failure or neglect, in an individual whose bad habit of constipation had been largely corrected, may cause a serious relapse into the old and depraved method, or lack of method, of life.

Details can hardly be expected from a paper which is confessedly but fragmentary and suggestive; it is to be understood that the regimen which is to assist the patient in the formation of a new habit, shall receive the largest construction, and be the object of a special application in every case. Whatever best offers assistance, whether from the department of hygiene or dietetics, is to be laid under contribution. Such appliances as the electric battery, the electric belt, localized massage, kneading of the bowels, etc., have a high and, indeed, an essential value in some instances.

But all cases of habitual constipation, as already intimated, are not susceptible of cure by the scheme of the formation of a new and correct habit; and this for various reasons; prob-

* Read before the Gynæcological Society of Boston, May 20, 1886.

* The hour best in consonance with previous habits, etc. Not necessarily at early morning hour, although such is doubtless the hour observed by the majority of those who have established a habit of regularity. A short-sighted effect to force a particular hour upon a patient, who had individual reasons for the selection of some other period of the day, has been sufficient to bring discouragement and failure in some instances known to the writer.

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ably those cured and capable of cure, at least as found in adult life, are quite exceptional. The patient cannot and will not persevere in the necessary effort; the bowels, long unused to over-distension and torpor, will not respond to the most positive and alimentive stimuli; help must be had from medicine and this medicine drawn from the class of cathartics. What is a cathartic? I have frequently found occasion to say that the definition of anything pertaining to special therapeutics must squarely meet three conditions, if it is to be depended upon to convey the requisite information: It must be intelligible and concise and comprehensive. Judged by such standard, I know not where in any of all the books devoted to therapeutics, we shall find a satisfactory definition of cathartic. Fothergill approaches the requirement of the case, and yet his terms are not quite free from fault. The following, therefore, is proposed for approval or criticism: A cathartic is an agent or agency which increases both peristalsis and intestinal secretion—either element of action, ordinarily, being prominent according to the material used—with result of provoking preternaturally free and frequent evacuation of the bowels.

There is no need to remind you of recent physiological experiments which have established the fact that every agent which acts cathartically, even though the influence be of that mild degree recognized as laxative, does so by procuring both hypersecretion and increase of contractility. One agent acts chiefly on the glandular structure and the stools will be watery; another acts mostly through energized peristalsis, and the dejections are feculent, as with Epsom salts in the former case, and senna and aloes in the latter. There is one purgative, and perhaps only one, catharsis, from which appears to present equivalent of action, viz., castor oil; a consideration which, together with the conjoined fact of nearly equable distribution of influence throughout the entire intestinal tract, renders this offensive medicament too often essential to the physician. With an occasional laxative in an occasional subject, energized contractility may be so little pronounced that the serous effusion evoked may remain in the bowel—unless reabsorbed—until some peristaltic is administered to procure its evacuation. But none the less is it true physiologically that the two elements specified always inhere to cathartic medication, and, in variable degrees, are always present in the operation of a cathartic remedy; and the recognition of this principle is essential to the successful employment of this class of materials.

Again, cathartics vary materially in their action regionally considered; *e.g.*, senna acts chiefly on the small intestines, and aloes on the lower bowel. Some, like jalap, and especially elaterium, act so high up as frequently to involve the stomach in the irritation produced, and occasion nausea and even vomiting. It should be borne in mind that the selection of a cathartic, with respect of its operation cathartically upon the small or the large bowels, must have a very important bearing upon the alimentation and nutrition of the patient; for a cathartic which acts energetically upon the upper bowel and so sweeps it of nutritive material upon which the energies of digestion have been already expended, and which is *in situ* and in process of and for assimilation, depresses the patient far more seriously than does the emetic, which simply evacuates the stomach of undigested or indigestible food; while, *per contra*, the other purgative, which gives its force only to the larger bowel, can bring away little more than residual and excrementitious matter.

Still another fact must receive the attention of the physician who expects to employ a cathartic safely and effectively. Some purgative materials exert an influence, near or remote as concerns other organs, of which it is not practicable to take account in any definition of catharsis. In addition to modified action in the function of muscular and glandular structures, rhubarb and magnesia, prominently, effect important changes in the morbid condition of the mucosa of the intestine; and the fact that mercury is indicated in certain functional disturbances of the liver, and that aloes is contraindicated in morbid lesion of the rectum and uterus—familiar to every physician—are sufficient illustrations of the principle which we would emphasize.

Each subject of chronic constipation, requiring help from cathartic medication, must be regarded as a special problem, and, as it were, to be carefully solved before effectual aid can be afforded. An attempt to apply the methods of a routine practice will quite surely bring disaster or disappointment. The physiological characteristics of the prominent cathartics being already understood, it is now to be determined what are the individual peculi-

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arities of the patient who presents himself for treatment. Is the constipation to be traced to inertia of muscle? and is this located chiefly in the large or small bowel? Or, again, is the prominent defect referable to a generally defective secretion from the glandular apparatus of perhaps the entire canal? If it is that great gland, the liver, without the normal working of which no important task of either stomach or bowels can be healthily performed, if it is the liver that is at fault, it should go without saying that no therapeutic measures directed against constipation can be really remedial which do not insure the return of the bile, in proper quantity and quality, to the intestine. The researches of Rutherford, in particular, among recent physiologists, have provided us with new materials for service in this direction; but all the negative conclusions of all the physiologists from the time of Bennett have not availed to release the clinical physician from primary, if not inevitable, dependence upon mercury, in all conditions which unmistakably indicate recourse to a cholagogue.

If it is a weak and anæmic woman, whose symptoms point to torpor located in the small intestine, it will be a difficult task so to adjust medication as to restore activity, procure systematic evacuation, and yet not seriously to deplete. On the other hand, the individual who habitually over-eats, and who is consequently plethoric and perhaps bilious and constipated, will, in addition to a timely mercurial, find an admirable resource in the frequent use of the mildly saline cathartic waters, such as Hunyadi, etc., so popular now a days; popular, doubtless, because their special role has come to be so generally recognized by the large class requiring such intervention. At the same time, it may be questioned whether the practice of the Roman epicure, in the employment of the emetic, as Seneca gives it—"They vomited that they might eat, and they ate that they might vomit"—was not more physiological, as it was surely more direct in its purpose and results.

Probably no one material belonging strictly to the class of purgatives is so valuable to the physician in the treatment of chronic constipation, as is nux vomica, classified elsewhere; and because whatever other element may be present, a deficient tonicity is quite sure to complicate the worst cases of this affection. Nux vomica is the great neurotic energizer of digestion; it is to the nervous element in digestion what pepsin is as a catalytic, and it is the great peristaltic. Many cases can be successfully treated without help of other medicine than nux vomica, though dependent upon the measures specified in the first section of this paper. Still further, the consideration that nux vomica has much of the stomachic properties of the simple bitter, combined with the component power of quinia, renders it the more valuable in such application. Again, nux vomica is valuable because the energy for a specifically peristaltic cathartic is much enhanced by its combination; so that, *e.g.*, the fraction of a grain of aloes may prove as effective in union with nux vomica as would a large integral dose of aloes alone.

Once more, the elimination by the pharmaceutical chemist of the active principles of aloes is a fact of much importance in the treatment of habitual constipation; as far, at least, as aloetics are applicable. Thereby much greater concentration is secured, and not this alone, but the essential oil, which is largely responsible for the nauseous smell and taste of aloes, is avoided, and it is no longer obligatory upon the physician, in his offer of a purgative, to present a bulky and offensive medicament. A parvule constituted of aloin and nux vomica, āā gr. ⅓; or of aloin, gr. ⅓, strychnia sulphate, gr. $\frac{1}{30}$, with addition of gr. j ext. hyoscyamus, to be taken after meals once or thrice daily *pr. r. n.*, provides a resource more generally appropriate than perhaps any other that can be devised.

But aloetics have a wide and varied range of contraindication; it is pretty surely true, notwithstanding the assertion of some authorities to the contrary, that the habitual dependence upon the smallest dose of aloes will gravely increase any active disease of either rectum or uterus. For the subject of chronic constipation, with complicating hemorrhoids or metrorrhagia, or uterine inflammation, it is a difficult thing to find a substitute for the aloetic pill. But the introduction of cascara sagrada has rendered the task easier, and a pill made of nux vomica with gr. j–ij extract cascara sagrada, will sometimes meet the latter indication admirably.

It is an accepted statement with the therapeutic physiologist that physostigma increases secretion along the course of the alimentary canal; and physiologically considered, there

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should be provided a mild laxative in a combination of nux vomica and physostigma, as setting in active operation the two essential factors of a cathartic influence. At all events, physostigma introduced into the aperient pill should meet a corresponding indication, as respects the glandular structure of the bowel, with nux vomica in its action upon the muscular coat. From my own limited clinical experience with the former remedy, I have failed thus far to be satisfied of this fact, but in the subject of chronic constipation with prevalently dry dejections, it would receive the sanction of the authorities to combine a fraction of a grain of physostigma with the ingredient of the aperient pill.

Finally, idiosyncrasy is the occasion of much concern in the systematic and habitual use of cathartic remedies—it is doubtful if individual peculiarities assert themselves more arbitrarily in reference to neurotic remedies than in such employment of cathartics. If the patient is a female, and especially if she has been long pampered by habits of self-indulgence and luxurious living, the case must be very carefully studied upon its own merits and demerits, or the physician will quite surely go wrong. The selection of remedies having been made and their apportionment decided upon, it is well that the patient should understand that no two cases of constipation ever required exactly the same treatment, and that quite likely there must be repeated trial and modification of the measure proposed and report to the physician before an exact adaptation can be made in the present instance. Large experience does not always bring confidence; a large experience in the treatment of chronic constipation rather brings distrust, *i.e.*, to the physician; and it is right that the patient should, at the start, be imbued with a measure of distrust and acquainted with the reasons for it, alike in justice to the doctor, the system, and himself. Many patients will not meet the inevitable conditions—they soon get discouraged or are satisfied with partial results; but when the physician can secure such coöperation, it is assuredly alone his fault if the treatment is not at last reduced to successful terms.

There are, however, some general facts in the employment of special cathartic materials, of which the following must serve as illustrations: and the more of such the practitioner may have at command the less often will he commit a deplorable error:—

1. The salines do not commonly agree with the aged—they find them too chilling; and a dose of Epsom salts, which may operate very kindly upon the young and middle-aged and vigorous, may bring serious disaster to the old man or old woman. A sudden depression of vital energy and the function of calorification thus procured, together with other favoring circumstances, have more than once precipitated the subject into a fatal pneumonia.

2. All cathartics are apt to be attended with colicky complications when given to a woman at the epoch of menopause: and especial combination at such time, as with carminatives, should be directed against this painful action. Some of the text-books or lectures used to report the case of a young doctor who was dismissed with contumely from a prominent family, upon which he had chiefly depended for the advance of his fortune, because of offense given to the alimentary canal of a patron, through neglect of this precaution.

3. The common domestic cathartic, senna, should never be prescribed to the subject of cumulative constipation or of impacted feces; if there be anything answerable to a fecal plug formed in the course of the small intestine or near the valve, on either side, such a peristaltic cathartic as senna will infallibly occasion serious and even alarming colic before evacuation can be accomplished; and the same restriction applies to a similar use of an integral dose of calomel.*

4. And to make affirmative provision for the subject of the last restriction, in a case of impacted constipation, when it is to be presumed the bowels are more or less distended with hard, dry, knotty, scyabalous masses (and the more imperatively if there be suspicion of complicating typhilitis or perityphilitis), nothing works so safely and so well as Epsom salts, possibly energized with minute doses of tart. emetic, gr. $\frac{1}{12}$ to $\frac{1}{16}$. Or if it be desirable to apply a cautious peristaltic stimulant in this condition, or in whatever condition declares absence of organic contractility in the bowels, nothing else can be so direct in operation as gr. $\frac{1}{40}$ sulphate of strychnia, inserted once or twice in the twenty-four hours in the areolar tissue of the abdominal wall.

* An infusion of senna may, however, be administered as enema when the torpor and distension are mainly located in the large bowel, both safely and effectually. The excitant influence of senna over organic muscular fibre of bladder, and uterus also, was perhaps more familiar to physicians of an older school than to those of the present day.

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5. There is apparent perplexity in providing cathartic medication, whether on occasions of temporary or habitual constipation, for the subject of a prevalent uterine hemorrhage—*i. e.*, menorrhagia or metrorrhagia. Of course, aloetics are absolutely contraindicated, and senna and cascara no less absolutely; unless, indeed, in the exceptional instance where such a remedy as ergot is required. But there is a cathartic, or laxative cathartic, which deservedly has the reputation of exerting somewhat of inhibitory influence upon hemorrhage from the womb, viz., cream of tartar. It would be hard to name another which, in its action upon the bowels, arouses so little of peristalsis; and it is not possible that cream of tartar, in any degree of action, should stimulate uterine muscles to contraction; while its tendency to reduce temperature, and especially to lower blood pressure, should work favorably for the arrest of hemorrhage from whatever cause.

The last section of our subject contemplates, if not the cure of habitual constipation, at least an escape from its discomforts and injurious influence upon health, by the systematic use of water-enemata; but its discussion must be postponed for want of time. It may be said, however, in closing, that loose and erroneous notions prevail to an extent among the profession even, respecting the value and the consequences of this measure of relief. The rectal syringe, like the uterine pessary, may do incalculable mischief; suitably, appropriately, strictly and intelligently controlled, it may be of incalculable benefit. In either instance, there must be selection of cases and considerate adaptation. In no other department of medical practice is the tyro in medicine more out of place, as well as the physician who gives but a passing thought to the condition for which he is called to prescribe.—*Journal of American Medical Association.*

*THE SIMPLEST AND MOST EFFICIENT TREATMENT OF DIPHTHERIA.**

BY WILLIAM H. DALY, M.D.

I SHALL not enter into the discussion of the cause, pathology, or clinical history of diphtheria, as the brevity of my paper forbids this; neither shall I hope to bring to your notice either a new plan of treatment, or one that will cure anything like ninety to one hundred per cent. of your cases of diphtheria; I would that I could do so, and thereby claim your gratitude, and probably immortalize myself. Neither shall I discuss the identity or non-identity of diptheria and membranous croup further than to declare that I have known respectable and apparently intelligent practitioners to pronounce cases of diptheroid, diphtheritic, and croupous sore throat, either one of the three, with so much promiscuity as not only to staggger one's confidence in the practical possibility of nicely discriminating diagnoses, but to encourage the opinion that the method is largely in vogue of basing a diagnosis upon the results—viz., if the patient dies, the case was one of diphtheria or membranous croup; if the patient recovers, then there was little if anything at all the matter other than folliculous amygdalitis, or other unimportant diseases.

Neither shall I attempt to open for discussion before this learned body any of the several other very vexed, though always alluring, and important questions that often take the form of pathological conundrums when they are by the identist and non-identist in way of argument flouted so scornfully at one another.

But I shall have the pleasure of drawing your attention to what in my hands has been not only the simplest, but the most efficient treatment of diphtheria. I refer to the calomel treatment. You say, "Oh! that is not new. I have resorted to the calomel treatment for several years." Then, I answer, I am glad to hear you say so, and pray that this brief article may serve at least to renew your faith in it, and thus aid in saving the lives of more children, precious to their parents.

Touching the question of how new or how old this plan of treatment is, I found some time ago, when reading an old non-medical book,* a memoir of that learned philosopher, divine, and wit, the Rev. Sydney Smith, who was also, we may recollect, an educated physician, the following, which not only gives the respectability of age to this plan of treatment, but the crowning happiness of having been in more remote times successful. This note refers to a period about the years 1797 to 1799, at least eighty-six years ago; it runs thus: "A few months after the birth of Sydney Smith's daughter

*Read before the American Laryngological Association at its eighth annual Congress.

*"A Memoir of the Rev. Sydney Smith," edited by Mrs. Austin, Vol. I. Harper Brothers, 1855, p. 63.

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he went in the summer for a short time to Burnt Island, a small sea-bathing place at no great distance from Edinburgh, for the recovery of his wife's health; and here, but for his courage and firmness, he would have lost his long-wished-for daughter in a way he had not at all anticipated. When only six months old she fell ill of croup with such fearful violence that it defied all the remedies employed by the best medical men there. The danger increased with every hour. Dr. Hamilton, then one of the most eminent medical men in Edinburgh, was sent for, could not come, but said, 'Persevere in giving two grains of calomel every hour; I never knew it to fail.' It was given for eleven hours; the child grew worse and worse; the medical man then in attendance said, 'I dare give no more; I can do no more; the child must die; but at this age I would not venture to give more to my own child.' 'You,' said Sydney Smith, 'can do no more; Dr. Hamilton says to us, "Persevere;" I will take the responsibility; I will give it to her myself.'" He gave it and the child was saved.

Dr. Hamilton, of Edinburgh, a man of solid and courageous convictions is seconded by a medical attendant of neither courage nor strength of moral character, but the father, a man whose life and character were strong and high above all foolish prejudice of any kind upon any subject says, "I will take the responsibility; I will give it," and saves his child.

I salute your memory, Dr. Hamilton, with the utmost reverence for that courage that makes a man positive about that which he has tried and knows to be reliable, and I here place you on record before an association of some of the most learned men of your profession specially interested in the study of means to stay destruction of life from a disease the character of which you understood and knew how to treat so ably and successfully in remote times in medical history.

You will note that this case was treated by calomel, pure and simple; and that with two-grain doses every hour to a child six months old. You will also note that the case was called croup, and that we are not going to discuss the vexed question of the identity or non-identity of diphtheria and croup in this paper, or following it; and that the foregoing quotation is merely made with a view of recording gratefully the name and honor of Dr. Hamilton and the remote date of the calomel treatment. It will not do to fall back upon the sophistry that diphtheria was not known then, and that a case of croup could be better differentiated then than now, or that the case of Sydney Smith's child was one of croup and not diphtheria. The success of the treatment is sufficient proof to me that the case was one of diphtheria.

Now, briefly, as to the credit for the practice of the calomel treatment of diphtheria in modern medicine. To Dr. William C. Reiter, of Pittsburgh, a gentleman who was learned in other sciences as well as in medicine, this credit is due. He was the apostle of this plan of treatment of diphtheria, and he for many years persistently practised the treatment and promulgated the doctrine to his brethren, many of whom were at first unbelievers; he was an earnest and honest observer, fearless in the practice and assertion of what he deemed right. He had large experience and ripe judgment, and, as he stood for many years almost alone in the advocacy of the plan, he deserves still more our respectful praise and free acknowledgment.

In medical works the various mercurial plans of treatment are mentioned without, as far as I have observed, according to Dr. Reiter the credit of having advocated and practised the method of treating diphtheria by the exhibition of calomel. I regard all the other mercurial preparations as mere excuses or substitutes for this best of all mercurials in diphtheria—viz., calomel. To any one caring to see the brochure of Dr. Reiter, which is little known of, and is so peculiar in its style as to entitle it to be considered an oddity in medical literature, I will say that it was published by J. B. Lippincott & Co., in 1878, and is entitled "A Monograph on the Treatment of Diphtheria based upon a New Ætiology and Pathology," by William C. Reiter, A.M., M.D.

As to the ætiology and pathology as enunciated by Dr. Reiter, I suppose one is at liberty to object or differ without being subject to the suspicion of being unorthodox; but as to the treatment, I can truly say from substantial experience it is simple, and it is what is all-important to us—it is efficient.

Now, what is the method clinically? We will say, to a child three or four years old, suffering from diphtheria (early recognition and opportunity are, as a matter of course of the utmost importance with this as with any other plan), give of pure, untriturated or unmixed

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with sugar, calomel, in two to five-grain doses, every one, two, or three hours, either dry on the tongue and washed down with a little ice-water, or, as Dr. Reiter preferred it, given floated on a little ice-water in a teaspoon. This is repeated at intervals until free catharsis follows; the stools are to be carefully observed, and, when they assume the appearance of having floating in them gelatinous masses of dark, rather brightish-green bile, giving them an appearance resembling chopped spinach, or the water-polyps seen in watering troughs, then the intervals of the dose can be lengthened so as to keep up this condition of catharsis to the extent of one to three stools each day. It is not well to diminish the dose, but simply to lengthen the interval, as there is less liability by this means to produce ptyalism. This is an important point and ought to be remembered. It has been a matter of much surprise to me that there is little depression caused by the exhibition of these large and frequently repeated doses of calomel in diphtheria, and that ptyalism is so infrequent, especially so if the careful observation is made to keep up catharsis, or rather that fluid condition of the contents of the alimentary canal where the osmotic action is toward them from the bloodvessels, and not *vice versa*. Under this condition of treatment the membrane exfoliates and reforms, if at all, with less and less readiness; the fever abates; the prostration is slowly replaced by brightness and a disposition to activity, which latter should, of course, be prohibited lest heart paralysis or syncope should suddenly supervene and cause a suddenly fatal termination to the otherwise favorably progressing case.

Dr. Reiter was in the habit of alternating his doses of calomel with large doses of chlorate of potassium. This I have not found necessary, but I have adhered to the calomel in large and frequently repeated doses, with rather light but nutritious fluid diet, and have found it the most efficient of any treatment; and withal so simple for the nurse and so merciful to the patient. The latter is no small factor in the method when we compare the dreadful struggles of the little sufferer at the sight of the commonly used—shall I not say abusively used—throat-brush and bottle, and all the other impedimenta of the more elaborate treatment to this simpler one of getting the child to open its mouth to drop a powder in, followed by a readily accepted spoonful of ice-water. There is needed no argument to show which is the most desirable practically; and I can assure you, my fellows, that this needs but a faithful trial to show you the greater efficiency of this over all other plans of treatment in results.

But there are some rules which I beg you will follow faithfully. These are: (1) Give calomel in its purity; (2) give it in large doses; (3) give it frequently; (4) give it until you have the free and characteristic catharsis; (5) give light and nutritious diet; (6) give little or no other medicine.

If these simple rules are followed, and common sense is allowed to take the place of common prejudice, you will save more of your diphtheria patients by this than by any other method known to modern medicine—*New York Med. Journal.*

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER THE CARE OF J. ASTLEY BLOXAM.

Fistula in Ano; Operation.—George P—, æt. 30, surgical instrument maker, applied at the hospital on January 10th on account of pain on defecation, with a continual discharge. Patient says that between two and three years ago he had an abscess at the superior margin of the anus, just external to the sphincter; this was opened, and no further inconvenience resulted. About four months ago another abscess formed, this time on the left side of the sphincter—this was opened at the Faringdon Dispensary, and has continued to discharge ever since. He never passes any blood, and the bowels are naturally relaxed. He has no pain on passing motions, and has never, to his knowledge, suffered from piles. Mr. Bloxam examined him, and found an external fistula on the left side of the anus about half an inch from the margin. No opening into the rectum could be discovered. 13th—To-day the patient was anæsthetized, and Mr. Bloxam passed a director up the external opening into the gut and divided the tissues. The wound was then plugged so as to make it heal from the bottom. 16th—The wound was dressed to day, and, as the bowels had not been open since the operation, a mild laxative was given. The patient was discharged cured on February 1st.

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Gangrene of the Soft Parts and Terminal Phalanx of the Great Toe following Inflammation; Diabetes.—George S—, æt. 50, tailor, applied in the out-patient department on account of pain and inconvenience he had suffered for three months past in the great toe of his right foot, resulting from the pressure of the boot. He was seen by Mr. Boyd, and, as the toe was found to be covered with dark sloughs, he removed the proximal and distal phalanges. He was admitted into the hospital on January 3, 1886. 4th—Charcoal poultices are being applied to the stump. Sensation appears to be lost on the inner side of the root of the toe. The patient complains of thirst and passed a large quantity of urine (116 ounces) which on being tested was found to contain sugar. He says he was in Middlesex Hospital a few months ago with an impacted fracture of the left femur, and at that time he had some ulceration on the outer side of the left leg. 8th—The charcoal poultices are being continued, and the stump looks cleaner. The patient sleeps better now. Urine specific gravity 1025, sugar; quantity passed one hundred and twenty fluid ounces. He is on skimmed milk diet, with eggs, butter, gluten bread and a chop. Medicinally, he is given $\frac{1}{8}$th of a grain of codeine in a pill, three times a day. 10th—Sensation is returning in the skin over the root of the toe. Patient takes his food well, with the exception of the gluten bread. 11th—Urine, specific gravity 1032; quantity passed one hundred and forty-six fluid ounces. The stump is being dressed with carbolic lotion. It is still very sloughy. 18th—The patient's bowels are confined, and he has passed scarcely any urine since yesterday. A catheter was passed, and ninety-two fluid ounces of urine were drawn off. 19th—The urine was again drawn off by means of a catheter, and, as the rectum was loaded with hard, dry feces, an enema was given, which had the effect of emptying it. The stump is very foul and discharges a good deal. February 12th—The patient suffers a good deal from dyspepsia, and his urine still contains sugar. The wound remains in about the same condition. He is looking much better, and has gained slightly in weight. 9th—The lower flap of skin is now united to the upper, and the discharge is less fetid. 10th—The patient was transferred to the medical wards, where the wound gradually healed over. The diabetes was not sensibly improved, and he was discharged on April 10th.

Transverse Fracture of Patella (Left).—Samuel T—, æt. 28, shoemaker, was walking across the street when his foot slipped and he fell forward. He was able to get up and walk away, but his knee pained him and seemed "stiff." When he got home the knee began to swell, and he came to the hospital. On examination, the patella was found to be fractured transversely. The leg was placed on a pillow and ice-bags applied. March 19th—The patient will not consent to an operation. The swelling and heat have subsided to a great extent. 22d—Since the swelling has gone down, Mr. Bloxam has examined the seat of fracture, and found the fragments in fair apposition. Crepitus can be felt. 26th—The leg was put up in a plaster-of-Paris bandage, and the patient was allowed to leave the hospital on the 29th.

Fissure of Anus, with Ulceration of Rectum.—Josiah D—, æt. 33, traveller, was admited to the hospital on January 5th, he complained of passing blood from the rectum for more than a month past. The blood is generally of a bright red. The bowels have not been relaxed, but there has been a tendency to constipation. He suffers no pain, nor is there any straining or tenesmus. On examination a small, blind fistula was found on the right side of the external sphincter. There are two sores on the penis, one immediately adjacent to the frenum, the other with an indurated margin on the corona. No discharge from urethra. Patient says that the sores came about a month ago, a fortnight after connection, and are very painful. He has had no rash nor sore throat, but he is very weak and his hands are tremulous. Has been a "fair" drinker. He is anæmic. 6th—To-day Mr. Bloxam passed a speculum up the rectum and saw a small fissure on the posterior surface of the gut. He passed a probe down the fistula but it did not apparently open into the rectum. No albumen in urine. The sores were dressed with iodoform. 13th—This morning Mr. Jones divided the tissues between the two openings. The patient complained of a good deal of pain all day. 15th—The sores on the penis are nearly healed—patient is very low and nervous. 23d—Patient appears to be progressing favorably, but there is a little redness round the wound. 26th—The edges of the wound are somewhat everted and of an angry red. 29th—To-day the patient was put under ether and the edges

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of the wound were pared. February 1st—The wound is being dressed with iodoform; patient complains of pain in the right testicle which is swollen and tender. 2d—The pain in testicle is better and patient feels better than he has done. The wound is healing rapidly and the tremulousness of the hands has now disappeared. 10th—Patient left the hospital convalescent

Severe Hemorrhage from Varicose Ulcer of Leg.—William W—, æt. 45, cab driver, was brought to the hospital on December 20th, in an insensible condition and bleeding profusely from an ulcerated surface situated on the inner side of the left leg. The hemorrhage was easily checked by raising the leg and applying pressure. Patient is a stout, florid complexioned man. He says he has had varicose veins on both legs for many years and as he has got older the veins have much increased in size. He had a severe attack of hemorrhage from the ulcer twelve months ago. He has never had any serious illness. 22d—Patient suffers from headache, especially frontal, and he is very prostrate from the loss of blood. 23d—Patient was able to leave to-day.

Sinus Extending from One Inch Above the Anus in the Median Line to the Level of the Posterior Superior Spine of the Ilium, following Injury.—George C—, æt. 27, packer, was admitted on November 27th. He said that eighteen months ago while coming down some stone steps, just as he got to the bottom, he missed a step and fell to the ground on his buttocks. From that time he felt an aching pain over the sacrum, and two months after the accident he noticed a small tender swelling over the seat of injury, which gradually increased to the size of an orange, it remained stationary for about a fortnight and then slowly disappeared, discharging its contents through a small aperture over the middle of the sacrum. This swelling recurred from time to time, discharging through a fresh aperture, so that five in all were formed. On the last occasion the pus was sanious. Patient was a healthy, robust man. No swelling was perceptible on admission, but some thickening was present. There is a discharge from all the five apertures which all lead into the abscess cavity. December 1st—The abscess cavity shows signs of refilling and has become painful and tender. 2d—To-day Mr. Bloxam opened up the abscess cavity and sinuses, and plugged the wound so as to secure granulation from the bottom. A great quantity of foul-smelling pus was evacuated. The wound was dressed with carbolized oil and a perineal bandage put on. 6th—The wound is now less offensive and is getting on well. Patient is beginning, as he says, to feel more himself. 11th—The wound is getting on well and is rapidly granulating up. 15th—There was a large collection of pus in the wound this morning which did not appear to be doing as well. Patient has passed a bad night. The wound was carefully syringed with carbolic lotion and dressed. 19th—The wound is now healing fast and there is very little discharge. 23d—The patient was discharged to-day to attend as an out-patient until the wound is completely healed.

Ulceration of Nares—Probably Syphilitic.—William S—, æt. 47, clerk, was admitted on February 15th. He says that in 1857 he had his nose broken by a blow followed by a good deal of bleeding for which it was plugged. Since then attacks of epistaxis occur at odd times, sometimes a week or ten days passing without one. The patient thinks that it was worse some years ago. There is a little sore inside the right nostril, the discharge from which blocks the nose, and when he exerts himself to remove the obstruction the bleeding comes on. The blood only comes from the right nostril, and he loses on each occasion about half a fluidounce. For the last six weeks the patient has had a dull aching pain, not constant, about the region of the right antrum, and has lately had some twitching pains on the right side of the head, eye, and nose. He says he has throughout his life met with a good many injuries to his head, such as blows, cuts, falls from horses, etc., he has also had rheumatic fever and scarlet fever. There was an abscess on the right side of the hard palate, and the gums appear to be receding from the teeth there. Patient says he had syphilis many years ago. His general health is pretty good and his appetite fair. 17th—Mr. Bloxam examined the patient this morning and ordered the nasal cavities to be syringed with carbolic lotion every morning and a mixture containing iodide of potassium to be taken three times a day. After some days of this treatment the condition of things improved, and patient was told to get a nasal douche for himself and to wash out the nostrils with carbolic lotion daily. He was then discharged to attend as an out-patient.

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Contracted Tendons of Hands Following Injury.—James G—, æt. 39, laborer, was admitted on January 26, 1886. About ten weeks before his right hand was crushed by a bar of iron, which caused a lacerated cut on the inner side of the palm. He had previously been in the Westminster Hospital where he remained under treatment about six weeks. When he left the hospital his fingers were rather stiff, and in the course of three or four weeks the hand and wrist became swollen and hot; then the fingers gradually became flexed and he was unable to extend them even with the help of his other hand. 27—To-day Mr. Bloxam had the patient anæsthetized and forcibly extended the fingers, making at the same time an incision on the anterior aspect of the little finger opposite the first phalangeal articulation. 28th—Movements of extension and flexion are possible though painful to-day. Passive movements is to be persevered with. 31—The condition of things had been materially improved and the patient was discharged to attend as an out-patient.

THERAPEUTIC NOTES.

BICHLORIDE OF MERCURY AND TINCTURE OF BELLADONNA IN MEMBRANOUS CROUP.

I have for some years been in the habit of treating this disease with a combination of corrosive sublimate and belladonna. These drugs are recommended for this complaint in almost every work on therapeutics; but I am not aware that they have ever been given conjointly. I have found that small doses of the bichloride (one-fiftieth of a grain), administered in conjunction with tincture of belladonna (two to five minims), every half-hour, for a child two years old, is a very successful method of dealing with this dangerous disease of childhood. The secret of its success is in its persistent administration, even when the symptoms are apparently most unfavorable. I have several times witnessed a happy termination to the disease when other practitioners with whom I was associated entertained scarcely a hope of recovery. It is advisable to commence the treatment by administering an emetic, so as to dislodge the already-formed membrane. Probably much of the benefit derived from this mixed treatment is due to belladonna, and it is astonishing what large doses of this drug children can tolerate. During the progress of the disease the strength must be maintained by a liberally nutritious diet and stimulants, for I must say that when recovery takes place, the patient is left very anæmic and weak. This is not very apparent while the medicine is being given, as every evidence of it is partially masked by the physiological effects of the belladonna. —J. H. JONES, M.D., *N. Y. Med. Journal.*

BELLADONNA IN STERILITY OF FEMALES.

There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant, as to the cause of their barrenness. Apparently they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that after taking the medicine for some weeks, they become pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitals become more relaxed, and the os and cervix uteri somewhat softened and pliable during the treatment.—*Ibid.*

CHRONIC URETHRITIS.

Dr. O. D. Ball (Albany Medical Annals) recommends the local application of zinc ointment to the urethral mucous membrane in gleet and chronic gonorrhœa. The following is his formula:—

℞. Zinci oxidi	. . . .	ʒiij.
Adipis	. . . .	ʒiij.
Cerati simp.	. . . .	ʒij.

M. Sig.—Ointment.

This is applied by means of an olive-headed bougie. The constriction of the bougie is filled with the ointment and gently passed down to the prostatic urethra, where it is rotated and slowly withdrawn. Dr. Ball has treated fifteen cases in this manner—all successfully. The average time of treatment was a little over four weeks.

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PRURITUS ANI.

℞. Acidi carbolici . . . ʒss.
Bismuthi subnit. . . . ʒiv.
Ung. zinci oxidi benz. . . ʒij.
M. Ft. ungt.
Sig.—Apply locally twice a day.

MEMBRANOUS CROUP.

℞. Antimonii et potassii tart. . gr. j.
Hydrarg. chlor. mite . gr. iv.
Ammonii chloridi . . gr. xx.
M. Ft. charta No. viii.
Sig.—One powder every hour until free emesis is secured.

TURPENTINE IN TYPHOID FEVER.

Dr. F. Peyre Porcher (New Orleans Med. and Surg. Journal) redirects attention to the value of oil of turpentine in four separate morbid conditions, which often accompany typhoid fever during its later periods namely:—

1st. Tympanitic distension, resulting from perverted conditions of the mucous and secretory surfaces of the intestinal tract, which this remedy relieves—given internally or applied externally.

2d. It is a general as well as a special stimulant, and therefore applicable at this stage of general depression.

3d. Being possessed of astringent or styptic properties, with opium, it prevents or arrests hemorrhages from the intestines, kidneys, or bladder.

4th. Combined in the form of a mucilage, with the carbonates and chlorides of ammonia, it is one the best remedies for the irritation or inflammation of the bronchial tubes in cases where these organs are affected.

A GOOD TONIC.

℞. Tinct. nucis vomicæ . . ʒij.
Tinct. capsici . . . ʒss.
Tinct. serpentaria . . . ʒiiss.
M. Sig.—One teaspoonful in water before meals.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . ♏xx.
Potassii chloratis . . ʒj.
Acidi hydrochlorici dilut. . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls every three hours.

SUBACUTE BRONCHITIS.

℞. Tinct. opii deod. . . . ♏xij.
Tinct. sanguinaria . . ʒj.
Syr. yerba santa . . . ʒiij.
M. Sig.—One teaspoonful every three hours.

CHRONIC BRONCHITIS.

℞. Tinct. ignatia . . . ʒij.
Tinct. sanguinaria . . ʒiss.
Tinct. capsici . . . ʒss.
Tinct. benzoini comp. . . ʒiij.
M. Sig.—Teaspoonful four times daily.

TONSILLITIS.

℞. Tinct. aconiti rad. . . ♏xx.
Vini colchici rad. . . . ʒj.
Tinct. guaiaci ammoniat. . ʒj.
M. Sig.—Half teaspoonful in water every two hours.

MEASLES.

℞. Tinct. veratri viridi . . ♏xvj.
Tinct. sanguinaria . . ʒss.
Elix. simp. . . . . ʒij.
M. Sig.—One teaspoonful every three hours.

CHRONIC CONSTIPATION.

℞. Pulv. capsicum . . . gr. xij.
Aloini . . . . gr. ij.
Ext. nucis vomicæ . . gr. iv.
Ext. hyoscyami . . . gr. vi.
M. Ft. pilulæ No. xxiv.
Sig.—One pill after meals.

EPILEPSY.

℞. Tinct. veratri viridi . . ♏xx.
Tinct. stramonii . . . ʒss.
Potassii bromidi . . . ʒss.
Aqua . . . . . ʒiij.
M. Sig.—One teaspoonful in water after meals.

A GOOD COUGH MIXTURE.

℞. Ammonii iodidi . . . ʒj.
Vini ipecac. . . . . ʒij.
Mist. glycyrizzha comp. . . ʒij.
M. Sig.—Half teaspoonful every two hours.

CATARRHAL FEVER.

℞. Tinct. aconiti rad. . . ♏xx.
Tinct. lobelia . . . ʒiss.
Quinia sulphatis . . . ʒss.
Syr. yerba santa . . . ʒj.
Elix. simp. . . . . ʒij.
M. Sig.—Teaspoonful every three hours.

FUNCTIONAL IMPOTENCE.

℞. Strychnia sulphatis . . gr. j.
Tinct. capsici . . . ʒj.
Ext. damiana . . . fʒij.
Elix. simp. . . . . ʒij.
M. Sig.—One teaspoonful in water after meals and at bedtime.

CHRONIC GONORRHŒA.

℞. Tinct. opii deod. . . . ʒj.
Ext. hamamelis . . . fʒss.
Aqua . . . . . ʒiv.
M. Sig.—Use as an injection once daily.

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CYSTITIS.

℞. Morphia sulphatis . . gr. j.
Tinct. gelsemii . . . ʒj.
Potassii bicarb. . . . ʒj.
Aqua . . . . . ʒiv.
M. Sig.—Dessertspoonful every four hours.

BALANITIS.

℞. Morphia sulphatis . . gr. v.
Bismuthi subnit. . . . ʒj.
M. Sig.—Dust over the affected surface four times daily.

CHRONIC MALARIA.

℞. Ext. nucis vomicæ . . gr. ij.
Pulv. capsicum . . . ʒss.
Quinia sulphatis . . . ʒj.
Ft. pilulæ No. xxx.
Sig.—One pill every four hours.

FEVER MIXTURE.

Dr. F. Peyre Porcher (New Orleans Med. and Surg. Journal) recommends the following combination:—

℞. Spiritus ætheris nitrosi . ʒss.
Potassæ acetat. . . . ʒj-vel-ij.
Potassæ chlorat. . . . ʒj.
Liq. ammon. acetatis . . ʒj.
Tinct. aconiti rad. . . ʒss.
Tinct. opii camph. . . ʒij-iij.
Aqua ad. . . . . ʒiv.
M. Sig.—Dessertspoonful every two or three hours, as long as there is fever.

CEREBRAL CONGESTION.

℞. Tinct. aconiti rad. . . ♏xvj.
Magnesii sulphatis . . ʒj.
Aqua . . . . . ʒiv.
M. Sig. Two teaspoonfuls every half hour.

URINARY INCONTINENCE.

℞. Tinct. nucis vomicæ . . ʒj.
Tinct. belladonnæ . . ♏xvj.
Ext. hamamelis . . . fʒss.
Elix. simp. . . . . ʒiss.
M. Sig.—One teaspoonful three times daily.

NEURALGIA.

℞. Tinct. aconiti rad. . . ♏xij.
Spts. chloroformi . . . ʒss.
Morphia sulphatis . . gr. j.
Elix. simp. . . . . ʒj.
M. Sig.—One teaspoonful every two hours.

RHEUMATISM.

℞. Tinct. veratri viridi . . ʒss.
Acidi salicylici . . . ʒij.
Sodii bicarb. . . . . ʒiij.
Aqua . . . . . ʒiv.
Syr. auranti cont. . . . ʒij.
M. Sig.—Tablespoonful every three hours.

INFANTILE ENTERITIS.

Dr. Bedford Brown (Journal American Medical Association) recommends—

℞. Mucilage acacia . . fʒj.
Aqua menth. pip. . . ʒss.
Ol. terebinth. . . . gtt. xij.
Tinct. belladonna . . gtt. x.
Aqua calcis. . . . fʒiss
Tinct. opii deod. . . gtt. x.
M. Sig.—A teaspoonful for an infant one year old every three or four hours.

GALL-STONES.

℞. Tinct. belladonna . . ♏xij.
Magnesii sulphatis . . ʒss.
Aqua . . . . . ʒv.
M. Sig.—Tablesponful every four hours.

HÆMATEMESIS.

℞. Tinct. veratri viridi . . ♏xij.
Magnesii sulphatis . . ʒvj.
Acidi sulphurici, dilut. . . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—Two teaspoonfuls every hour.

TONSILLITIS.

℞. Tinct. aconiti rad. . . ♏xvj.
Tinct. sanguinaria . . ʒss.
Tinct. guaici ammoniat. . ʒss.
Elix. simp. . . . . ʒiss.
M. Sig.—Teaspoonful every three hours.

GASTRIC CATARRH.

℞. Bismuthi subnitratis . . ʒiij.
Sodii bicarb. . . . . ʒiss.
M. Ft. charta No. xviii.
Sig.—One powder before meals.

CARDIAC DILATATION.

℞. Tinct. belladonna . . ♏xvj.
Ext. ergotæ . . . . fʒss.
Elix. simp. . . . . ʒiss.
M. Sig.—Teaspoonful before meals.

NEURALGIA.

℞. Morphia sulphatis . . gr. iss.
Tinct. hyoscyami . . ʒss.
Vini ipecac. . . . ʒss.
Vini portense . . . ʒvj.
M. Sig.—Tablespoonful every three hours.

INSOMNIA.

℞. Chloral hydrat. . . . ʒiss.
Sodii bromidi . . . ʒij.
Aqua . . . . . ʒj.
M. Sig.—Teaspoonful every hour in water.

ASTHMA.

℞. Tinct. stramonii . . . ♏vj.
Tinct. sanguinaria . . ʒj.
Tinct. lobelia . . . ʒss.
Elix. simp. . . . . ʒj.
M. Sig.—Teaspoonful in water every half hour until relieved.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, Oct. 1886.

METRORRHAGIA.

METRORRHAGIA, though always a distressing and frequently a formidable affection, is readily amenable to prompt and well-directed treatment, except when it occurs in connection with malignant disease of the uterus or vagina. Even then temporary palliation can always be obtained by the use of the tampon, but a recurrence of the hemorrhage is inevitable when the arterial walls become further eroded by the inexorable disease.

The treatment of metrorrhagia must vary in accordance with the cause and amount of the flow and the condition of the patient. Rest in the recumbent position is imperative in all cases, and all sources of excitement must be rigorously avoided. Laxatives should be administered whenever necessary.

If possible an endeavor should be made to ascertain the cause of the hemorrhage before instituting any plan of treatment, but if the flow is so profuse as to induce syncope or threaten life, it should be checked at once by thoroughly tamponing the vagina. In order to be effective every portion of the vagina should be filled so as to bring all the pressure possible against the vaginal walls and the cervix uteri. Partial tamponing is worse than useless. Tamponing may be performed through a cylindrical speculum, but it can be done most quickly and conveniently with the assitance of a Sims's speculum. The tampon should be left in position from twenty-four to forty-eight hours in accordance with the gravity of the case, after which it should be removed and the vagina washed out with cold water in which alum or some other astringent has been dissolved.

Metrorrhagia dependent upon the presence of fibroids, polyps, or other morbid growths in the uterine cavity can only be remedied by the removal of the exciting cause. Metrorrhagia following abortion or parturition is usually due to the retention of a portion of the placenta or the membranes. In such cases the uterus should be dilated and the offending body removed. If the hemorrhage is due to fungous granulations upon the endometrium the curette should be employed.

The majority of cases of metrorrhagia, however, are those in which an excessive or exhausting escape of blood occurs at the menstrual period, and are, therefore, more correctly spoken of as cases of menorrhagia. Ergot is the remedy most frequently recommended for this condition, and it is undoubtedly beneficial in a large percentage of cases. Ergot alone, however, often fails and occasionally increases the sanguinolent discharge. Better results can frequently be obtained from the administration four times daily of ten minims of nux vomica and one drachm of the fluid extract of hamamelis. Cimicifuga and potassium bromide are promptly curative in some cases. Anæmic patients are usually markedly benefited by half drachm doses of the tincture of the chloride of iron. Monsel's solution may also be given in doses of from three to five drops well diluted. Patients of a nervous diathesis usually improve rapidly when placed upon full doses of quinine, strychnia, and phosphoric acid. Patients of a lymphatic diathesis frequently do better when placed upon half-drachm doses of sulphate of magnesia combined with a few drops of dilute sulphuric acid. In all cases when the pulse is rapid and full, from two to three drops of the tincture of veratrum viride should be given every two or three hours until a marked impression is made upon its force and frequency. The most potent remedy for menorrhagia, however, but which should only be employed after internal medication has failed, consists in the employment of copious astringent intra-uterine injections. Either alum, tannic acid, or Monsel's solution may be employed. The patient should be brought to the edge of the bed, and a double catheter which has been attached to a vaginal syringe inserted into the os uteri. At least a quart of

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the prepared fluid should be injected into the uterine cavity and permitted to flow out into any convenient receptacle. The patient should then be placed in a recumbent position and the vagina carefully tamponed. At the expiration of twenty-four hours the tampon may be re-removed when it will usually be found that the hemorrhage has not recurred. If necessary, however, the injection may be repeated with the certainty of effecting a permanent cure.

TREATMENT OF PNEUMONIA.

PNEUMONIA will be rife during the ensuing six months, but the excessive mortality of which it is said to be the cause is the result of improper treatment rather than of increased severity of the disease. As Dr. Henry Hartshorne recently stated before the Philadelphia Clinical Society, the prominent pathological conditions in pneumonia are:—

1. Obstruction to the circulation at the seat of local inflammation.

2. Resulting general increase of vascular tension.

3. Arrest or considerable diminution of the secretions of the skin, kidneys, and bowels.

In commenting on the above a contemporary remarks:—

"In all these conditions there is no indication for alcohol, none for quinine, none for opium. The old-time remedy for the abnormal vascular tension of the first stage was the abstraction of a moderate amount of blood, according to the previous vigor of the patient, by venesection, cupping, or leeching. Having been brought up under this *régime*, Dr. Hartshorne can give personal testimony to its safety and frequent advantage. It is astonishing that in these days of daring surgery, of ovariotomy, and laparotomy, for various occasions, physicians should be so much afraid of taking from a patient a few ounces of blood.

"An adjuvant for such a measure of relief in the early stage of pneumonia, or substitute for it in doubtful cases, is the use of saline purgatives and diaphoretics. These also appear to be in recent practice very often, perhaps generally, neglected, Dr. Hartshorne believes, to a great disadvantage.

"Frankly speaking, under the following plan of practice six out of ten cases of acute pneumonia in persons of previously good health, between twenty and fifty years of age, may be reasonably expected to die, viz., treating them from the start with twenty grains of quinine daily, a tablespoonful of whiskey every two or three hours, and a quarter of a grain of sulphate of morphia every six or eight hours. If any patients recover under such treatment, it is an escape probably due to the use of large hot poultices kept applied to the chest; an excellent application.

"Another method of treatment Dr. Hartshorne has had ample experimental reason for believing will be followed by recovery in at least eight out of ten cases of simple acute pneumonia in persons not over sixty years of age, of previously good health, viz., the abstraction, on the first, second, or not later than the third day, of a few ounces of blood from the arm in the stronger patients, by cups or leeches in those of less previous vigor of system; about the same time, a decidedly purgative dose of some mild saline medicine; afterwards, every two or three hours, a saline diaphoretic, citrate, acetate, or nitrate of potassium, or acetate of ammonium; in the most violent cases, in patients of average constitution, tartar emetic during the first three, four, or five days—not more than one-sixteenth to one-twelfth of a grain every three or four hours, not allowed to cause gastric distress; a warm poultice also being kept applied and renewed over the whole anterior part of the chest until the worst is over.

"Should this practice be just now out of fashion, it may be very earnestly said that it is better to be old-fashioned than to lose a considerable number of patients dying of a malady like pneumonia, which *ought not to be mortal.*"

We agree fully with Dr. Hartshorne in condemning the fashionable practice of treating pneumonia by quinine, morphia, and whiskey, to the exclusion of venesection, arterial sedatives, and purgatives. It is based upon a fallacy, and is responsible for the sacrifice of thousands of valuable lives. Quinine, however, will be found valuable as an adjuvant in many cases, and indispensable in those occurring in malarious seasons or districts. Aconite

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or veratrum viride may also be substituted with advantage for tartar emetic. The following will be found to be an excellent combination:—

℞. Tinct. aconiti rad. . . . ℥ss.
Quinia sulphatis . . . ℥j.
Syr. yerba santa . . . ℥j.
Syr. simp. . . . . ℥j.
M. Sig.—One teaspoonful every three hours.

MEDICAL NEWS AND MISCELLANY.

MALICIOUS MUNDE.—After a brief visit through Belgium, I went to Paris. Everywhere in France I found all enthusiastic for the Congress. I saw such men as Sappey, Charcot, Pasteur, Grancher, Warren (Bey), Péan, Verneuil, Lelaird, and others of like reputation, the very first men in France, and found that while efforts had been made to tincture their minds, it was of no avail. They were for the Congress, first, last, and all the time, feeling honored by accepting positions and expressing their desire to aid in the scientific work of the Congress, by preparing papers and taking part in discussion, as the affairs demand. By-the-by, we made sure from excellent authority, and that in which we have the most complete confidence, that Dr. Paul F. Mundé, of New York City, has been exceedingly busy, especially in Berlin, trying to do all in his power to injure the interests of the Congress. Will it not be worth while for the medical profession of America to put a pin in here. Mr. Mundé may want day and date for this, if so, kindly refer him to me.—*London Correspondence Weekly Medical Review.*

Dr. NATHAN S. DAVIS has done honor to America. We have always supported the American Medical Association. We do not wonder at the high eulogy passed on Dr. Davis by his confrère, Dr. Campbell. We have had the honor and pleasure of entertaining Dr. Davis for a few days, and have thus the better obtained an insight into his character. Joined to a noble simplicity of character, and to a rare modesty, he possesses a strong individuality, marked by his convictions. Conservative in medicine, yet posted up in modern theories, he can, from a ripe experience of over fifty years, entertain and instruct. His natural eloquence secured for him the applause of all the meetings he addressed at Brighton, which he won, not by Americanisms, or *ad captand.* appeals. He is a worthy successor to Dr. Austin Flint. American medicine honored herself in honoring him. We here form ideas about American writers which are erroneous. The men best known in England are not the best men in America. The profession in America are the most capable judges of who the best men are, and if we can take Dr. Davis as a sample of the "down West" men, then we can understand why the profession in America were unanimous in their determination to resist dictation from the East. Dr. Davis leaves Europe with the best wishes of the profession for the success of the Congress.—*Provincial Medical Journal.*

DR. BILLINGS AND THE MEDICAL PROFESSION OF THE MISSISSIPPI VALLEY.—Why Billings should have singled out this great Valley (or any part of the country) to illustrate his tomfool notions of the alliance of malaria and ignorance, would be difficult to divine. Was it on account of these notions that he, when a member of the "Original Committee," in 1884, in the office of Dr. I. Minis Hays, in Philadelphia, condescended to give the South and West a *few* positions in the Congress? Was it on this account that they printed and sent out their list, agreeing between themselves, that while it would cause dissatisfaction the physicians of the South and West would not dare to rearrange their work? Could the "downing" he got at New Orleans have had any influence over his own malaria stuffed stomach? It would be well for him to remember that those who live in glass houses should throw no stones. Perhaps the doctor will feel better after the Congress is over? If not he should move away from Washington Flats and quit eating bull-frogs.

Both space and time is lacking for the full consideration of the adroit cunning and subterfugediction practised by his using the term "malaria." . . . . We will, therefore, for the present only assert that the sweeping charge of a low comparative standard of education upon the part of the physicians of the Mississippi Valley is not borne out by the facts, and that Dr. Billings knew so at the time he made it.—*Mississippi Valley Medical Monthly.*

DR. BILLINGS'S ADDRESS.—The Doctor could not rise above the petty jealousies that characterize the pigmies of medicine. He could not resist the temptation to strike a blow at those who defeated his scheme of organization of the Congress upon a basis which many of the very best men, even of the North, say was not *just*—inasmuch as it was not a national representation. Forgetting every consideration of patriotism and of justice, he stooped to the devices of small souls, and cast a slur upon the profession of the Mississippi Valley.

Dr. Billings has disappointed many. It seems he could not rise to the dignity of the realization of the fact that he was expected to represent American medicine, and he stooped to represent a section—a clique! He drew invidious distinctions, and said, in effect, that all the science of the profession resides above, and beyond the malarial belt! He drew a map, and marked out the sections where malaria prevails—all through-

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out the South and West—the great Mississippi Valley. Where malaria is rifest, the map was blackest; and—according to his deductions—science scarcest.

St. Louis, Memphis, Vicksburg, New Orleans, Chicago—many large cities are in the malarial regions. Did the Doctor really mean to say there are not many physicians in those cities—(not an "exceptional" one)—and even in smaller towns, and even in the country—the peers of most of those North and East? The transactions of the State Medical Association of the "Mississippi Valley States" disprove the assertion.

Dr. Billings has, by this part of his address, brought ridicule, when we expected him to reflect credit. We venture even his British auditors—being familiar with the quarrel over the International Congress, and Dr. Billings's cause for feeling offended—either smiled at what must have seemed a weakness, or *blushed for his effrontery*—blushed, that he should hold up that map and say, "this black spot represents the home of sickness in my country; and it represents, also, and is the limit to the *unenlightened part of the medical profession!*"—and this, too, in the presence of the gigantic Davis, the Father of Medicine in the Mississippi Valley!

And Flint?—the Great Dead? Ah! he must have groaned aloud in his coffin as his successor so slandered twenty thousand of his constituency!—*Daniels's Texas Medical Journal.*

DR. NATHAN S. DAVIS.—The leading position assigned to Dr. N. S. Davis, of Chicago, by his countrymen as President-elect of the approaching International Medical Congress at Washington, and the prominent position of honor assigned to him at the annual meeting of the British Medical Association at Brighton, will make many of our readers desire to know more of the professional life-history of this venerable and respected physician. Dr. Davis received the Degree of Doctor of Medicine from the Regents of the University of New York in 1837, and has been engaged in the practical duties of the profession from that time until the present. In 1844, while a member of the New York State Medical Society, he originated the movement that resulted in the permanent organization of the American Medical Association in 1847. At the annual meeting of that Association in 1851, he read a valuable paper, giving the results of original investigation in regard to the effects of different kinds of food and of alcoholic liquors on the temperature of the human body, etc. His contributions to medical literature since have been valuable and numerous. In 1850, he was elected Professor of Principles and Practice of Medicine in the Medical College in Chicago, and Professor of Clinical Medicine in the Mercy Hospital, which positions he continues to hold at the present time. He was President of the American Medical Association during the years 1864 and 1865. In 1879 he received the honorary degree of LL.D. from the Illinois Wesleyan University. He is an honorary member of the New York Academy of Medicine, of the College of Physicians, of Philadelphia, and of many other scientific and medical societies in his own country. In 1883, the American Medical Association having decided to publish its transactions in the form of a weekly medical journal, Dr. Davis was chosen its chief editor. In 1886 he was appointed Secretary-General, and, after the death of the late Professor Austin Flint, he was unanimously elected President of the Preliminary Organization of the International Medical Congress to be held in Washington in September, 1887. The above is a brief description of Professor Davis's career. It remains only to state how highly he is esteemed by his compeers in the United States. He stands now as the recognized head of the profession in his country, the successor of the lamented Flint and the other great men who preceded him. Probably no physician in the United States has done more to keep up the tone of the profession, and to make the profession one solid, earnest body, desirous of advancing science, benefiting humanity, and adding to the glory of the country.—*British Medical Journal.*

PISCIDIA ERYTHRINA AS A NEUROTIC, TONIC, EXHILARANT, ANALGESIS, AND HYPNOTIC.—Two years ago I sent to P. D. & Co. for packages of *Piscidia erythrina* and fluid extract Jamaica dogwood, to try on patients who could not pay for the luxury and on whom I might experiment a little, and tried both on myself. I found the fluid extract of Jamaica dogwood to be slightly exhilarant and satisfying to the central nervous system in conditions of weariness. A slight sense of cerebral fulness followed its use in two drachm doses; a tingling sensation plainly perceptible when sought for, and diminished sensibility to esthesiometric tests followed by an inclination to rest and sleep.

In cases of exhaustion and delirium following drink, and the long habitual use and withdrawal from opium, I have used it in a combination, but never got satisfaction from it uncombined, in very high degrees of pain or extremely low states of nervous depression.

The salutary psychical therapy, of a physician's visit, and prescriptions following it, must be considered in discussing its power over the uterine contractions, but it undoubtedly has some power to effect central-nerve tranquilization as well in man as in fishes.

The piscidia is locally benumbing when taken on the tongue and to abraded surfaces something like cocaine, but less powerful.

Coca, celery, dogwood, and Hoffman's ano-

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dyne make a happy combination for nervous depression, which I have often used with great satisfaction, differently proportioned, especially in the opium habit and the shattered nervous state following excessive alcoholic indulgence.

In the opium habit I use especially a formula, as follows:—

℞. Ext. coca, fluid . . . ℥ij.
Celery, comp. (Morris) . . ℥j.
Extract dogwood, Jamaicæ, fluid (P. D. & Co.) . . . ℥j.
Spt. eth. comp. . . . ℥j.
Tr. opii. . . . . ℥j.

M. Sig.—Tablespoonful every four hours first day, and once during night if required. The same way on second and third days, if absolutely necessary to maintain tranquillity and sleep.

℞. Ext. coca, fluid . . . ℥j.
Celery, comp. . . . . ℥j.
Ext. dogwood (Jamaica) . . ℥j.
Spt. eth. comp. . . . ℥j.

M. Sig.—Tablespoonful—to replace each dose withdrawn, of the preceding prescription.

As soon as practicable withdraw coca from the prescription and then the Hoffman's anodyne, and finally all but the celery.

Quinine in ten grain doses in the beginning, about 10 A.M. and 3 P.M.; reduce to five grains twice daily; later, to one daily, and finally discontinue.

Piscidia has neither the good nor the bad properties in full of opium, but it will do to produce effects somewhat similar but in lesser degree, and it must be taken in very full doses to do that.—C. H. HUGHES, M.D., *American Practitioner and News.*

THE INTERNATIONAL MEDICAL CONGRESS.—Is it not preposterous for the Medical Record and those whom it represents, is it not even more than preposterous, is it not audacious, for it and them to pretend for one minute that the coming International Medical Congress will not be graced by the presence of great men, men of world-wide reputation, men who care not for the personal bickerings of the disappointed, but who recognize in this Congress a great scientific opportunity for learning and teaching?

From the London Lancet (certainly an impartial source) we draw the information that such distinguished men as Drs. B. W. Richardson and Thudicum have accepted the positions of Vice-Presidents of the Section of Public and International Hygiene, and Mr. Simon will probably accept a similar position. The Lancet also goes on to say:—

"We are glad to be able to report a very general desire among leaders in London to be present at Washington in 1887. Whatever hesitation they felt some time ago in view of the divided state of feeling in America is now steadily giving place to a desire for the success of the Congress, and a wish to do anything they can to further it. We feel quite justified in saying that our best men in England and Scotland are preparing to go, if they get any indication that their presence will be acceptable. Sir James Paget, Sir Andrew Clark, Sir Spencer Wells, Professor John Chiene, Professor Fraser, and we believe Sir William Turner, are all, according to our information, likely to go.

"It is not America alone that is interested in the success of the meeting at Washington, but the profession throughout the whole world, and we might add the world itself. When our profession meets internationally, it is of good omen. We not only stimulate fraternity and scientific rivalry amongst ourselves, but every thought in advance and every medical discovery is a great boon for the human race and for all nations. We urge on members of our profession in the empire to strain a point to be at Washington on or before September, 1887, where, if report is to be trusted, a very hospitable reception awaits them."

Does this look as though the Congress was destined to be the failure that the Medical Record, the Medical News, and some similar aristocratic journals would have wished?

Not much! The great medical men of Europe would, of course, be glad to meet the great medical men of this country—that is *all* of them; but they have too much good sense to stay away from a scientific gathering, to miss the opportunity of seeing and knowing the profession of America, because a few disappointed men wish them to do so. They will come, they will be royally welcomed and entertained, and when they ask *certain editors*, with surprise depicted on their countenances, how they could ever have said that such a glorious gathering as this will be was doomed to a dismal failure, or even (think of it) not to be at all, we will be behind the door to hear what answer will be made.

Our foreign friends were well acquainted with the late Professor Austin Flint, and they regarded him very highly; and when they found that the Congress was good enough for him, they sensibly concluded that it was also good enough for them, notwithstanding the outcry of a disappointed clique.—*Med. and Surg. Reporter.*

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION AND THE AMERICAN MEDICAL ASSOCIATION.—One of our Eastern exchanges suggests that the making of the Mississippi Valley Medical Association, the great society of the West and South, second only in importance and character to the American Medical Association is expressive of a lack of loyalty and devotion to the latter. Such is not the case, and why should it be? The

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same argument might be directed against the formation of the various State societies. No, we believe that the county, district, State, and sectional societies organized under the rules and regulations governing the American Medical Association will not only be productive of great good to the members composing them, but will stimulate and strengthen their interest in the parent governing organization and redound to its good.

Did we not so believe we would discourage the formation of such societies. Every physician would be in every way benefited by at least three trips each year away from business in attendance upon as many societies, the habit of attending medical societies, like every other habit, grows by its indulgence.

Viewed then from the standpoint of the individual physician, the auxiliary societies, or the national body, there can be no argument established against auxiliary organizations.

However the West and South propose not only to develop their Mississippi Valley Medical Association, but also to manifest their love and devotion in every possible manner to the American Medical Association.

Because a few overgrown, able, but truly small men of the Eastern cities withdraw from the national organization, finding that they have not the ability to control it, and suddenly feel an aversion to "medical politics," and at once organize a mutual admiration society of medical mugwumps and man-milliners, antagonistic in spirit and fact to our National Medical Congress, the American Medical Association, is no reason against the formation of societies in any and all parts of the country, subordinate to the proper authority.

The arrogant contempt for all the profession outside of the "centres" prompted these gentlemen to secede from the national body, and they even carry their feelings to the point of trying to compass the disgrace of that body in working against the International Medical Congress of 1887, meeting in America under its auspices.

But ye self-elected wise men of the East, ye giants, professional, commercial, and political, we give you fair warning, the tables are turning, go on manifesting your narrow, ungenerous provincialism, your disloyalty to national interests, professional, commercial, and political. Your sectional hidebound conduct is having an effect you little dream of in strengthening and solidifying the unity of all interests west of the Allegheny Mountains. The jobbing houses of the seaboard are finding out in a practical way that the cities of the West and South have become ports of entry, and are commercially strong, able, and self reliant. Eastern statesmen, you will soon learn that our own Benton, thirty years ago, was right when he said in the United States Senate, pointing toward the setting sun, "There is the East—there is India!"

Medical teachers, leaders, and Anglo-maniacs east of the Alleghenies, your ability none will question, but your judgment is open to criticism. We warn you that our McDowells, Grosses, Hodgens, Flints, and Sims, and Barrets, now have ceased to be the exception, they have plenty of congenial company, they are no longer emigrating to the centres for the securement of larger fields; they are uniting in the building up of educational institutions, medical societies, and medical journals in their midst, which, while engaged in advancing local interests will ever take pride in the profession of America as a whole.

This union of the great West, Northwest, and South, is very near at hand, and when it has been accomplished you will find that our people are as broad as our prairies are boundless, and as generous as our fields are bountiful in their harvests. —*Weekly Medical Review.*

ON THE VALUE OF BORIC ACID IN VARIOUS CONDITIONS OF THE MOUTH.—Boric acid is now officinal, and justly so. It has long been used in various metallurgical and ceramic operations, and more recently its preservative power has been abundantly demonstrated. It is this antiseptic power which gives it its great therapeutic value. It is a very stable compound—one of the most stable of the acids; it is not volatile, and only exerts its action when in solution; fortunately, however, it is soluble in more than one menstruum. Up till now its chief application has been in connection with modern surgery, where the boric ointment, lint, and lotions all hold a prominent place. There are spheres for usefulness for it, too, in medicine; and one of these is in diseases of the mouth. It is the benefit of its local action we usually wish to gain, for, though sometimes given internally—as in irritable conditions of the bladder—its topical antiseptic effect is more often desired. In connection with its local application in various diseased conditions of the mouth, its solubility in water and glycerin, its unirritating character, its comparatively innocuous nature, and its almost tastelessness, are greatly in its favor. More particularly is this the case in treating such conditions in children, whose oral cavities cause them so much annoyance. Speaking generally, boric acid will be found useful in all conditions of the mouth, fauces, pharynx, and nose, where there is any abrasion of the epithelium, whether it be used as a powder, gargle, mouth-wash, pigment, or corrective. More definitely, I may say, it is not contra-indicated in any of the forms of stomatitis, though scarcely severe enough for the graver varieties.

In simple catarrhal stomatitis, a mouth-wash, containing from ten to fifteen grains to the fluid

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ounce, speedily cures the condition, and exercises the same beneficial influence in the ulcerative form, though there, in addition to the rinsing of the mouth, a local application in the form of the powder or pigment, should be made to individual follicular ulcers. The powder simply consists of finely powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (one in four or five). In both cases, the addition of chlorate of potassium is advantageous; indeed, I usually combine it, but it is not essential.

Nothing I know of is at once so rapid and so efficient in the treatment of parasitic stomatitis or thrush as this remedy. The youngest children do not object to its application, and, occasionally, you have to caution against its too frequent use. The oidium albicans quickly succumbs to its influence. I am well aware of the great value of nitrate of silver in many of these conditions, but I am also alive to its extremely disagreeable and persistent taste, and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth pigment or as a confection. Honey and sugar have both been condemned, as being inadmissible, in combination, for the treatment of thrush, but, as far as children are concerned, I may say I consider a confection (though made with honey) which has been impregnated with boric acid, gains more by its palatableness than it loses by the tendency of the saccharine matter to further the growth of fungus. The boric acid at once does away with this tendency. Let the pigment be frequently painted with a brush over the patches, never omitting to do it after food has been taken, or a little of the confection simply allowed to dissolve in the mouth, and the days of the fungus will soon be ended. I have found boric acid, combined with its salt (borax), markedly beneficial. Borax alone, however, is not nearly so good.

In pharyngitis and relaxed condition of the throat, a gargle, containing boric acid and glycerin, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition, in which I have found combinations of this substance helpful and grateful to the patient. I refer to the condition in which we frequently find the mouth, tongue, and teeth, in severe cases of typhoid fever. The mouth is hot, the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva, the tongue dry, or even glazed and hard, brown or black, crusted with fetid fur. Under such circumstances, a pigment, containing—

℞.	Boric acid . . .	gr. xxx.
	Chlorate of potassium . .	gr. xx.
	Lemon juice . . .	ʒv.
	Glycerin	ʒiij.

yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucous membrane, the glycerin and lemon-juice moisten the parts, and aid the salivary secretion. I consider this application well worth a trial.

So much for the soft parts; a word in conclusion regarding the teeth. Few medical men, I suppose, have ever given a prescription for a tooth powder (such a matter is beneath their notice), and the selection of the ingredients for the various powders and pastes in vogue for the purpose of beautifying and cleansing the teeth, is left entirely in the hands of those who certainly should not know better than medical men. I have frequently trespassed on this debatable ground, and recommended a particular dentifrice. In view of the extremely important part the teeth play in the economy of life, I never hesitate occasionally to inquire as to the attention they receive.

A tooth-powder should possess certain characteristics; it should be antiseptic, cooling, agreeable to taste and smell, and have no injurious action on the teeth. After use, it should leave the teeth white, and a sensation of freshness and cleanliness in the mouth. As an antiseptic in this connection, nothing can displace boric acid. For years I have used the following powder, and can recommend it:—

℞.	Boric acid, finely powdered .	gr. xl.
	Chlorate of potassium . .	ʒss.
	Powdered guaiacum . .	gr. xx.
	Prepared chalk . . .	ʒj.
	Powdered carb. magnesia .	℥j.
	Attar of roses, half a drop.	

The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions; the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

It is only right to say that boroglyceride (Barff) can replace boric acid in almost all the forms of administration I have enumerated; it is efficacious, sightly and pleasant to the taste.—A. D. MACGREGOR, M.D., *British Medical Journal.*

THE PLAINT OF AN AGGRIEVED UTERUS.*—In presuming to ask your attention to a communication from one not of your number, I feel that a few words of introduction would be proper.

I am, or at least I think I am, a much wronged

* Recently read before the Medical Society of the State of West Virginia, by L. D. Wilson, M.D., of Wheeling, W. Va.

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Uterus. For a long time I have felt that the medical profession was not acting with fairness toward me; that, on the contrary, I am made the object of unjust suspicion and annoying espionage. I am the victim of constant fault-finding and accusation. Contrary to all rules of law and justice, I am continually called on to prove my innocence—am never allowed the benefit of a plea of "not guilty." Certain members of your profession have gained the ear of my hostess, and have inculcated a bitter prejudice in her mind against me, so that I am looked on by her, on all occasions and under all circumstances, as the one peccant organ concerning which nothing good could be credited, nothing evil disbelieved.

My innate modesty and shrinking timidity have thus far prevented me from giving voice to my complaints, and I was not without hope that meekness and patience would one day bring their promised reward. But events of late seem to shape themselves more and more adversely. Any anticipation that time would bring relief seems about extinguished, and I am almost ready to prolapse under my accumulated troubles. Oppressed by gloomy forebodings, I yet felt that existence was worth at least a little more of struggle and effort, and, while revolving in my mind what I should do, the idea suddenly occurred to me to lay my grievances before you, in the hope that I might gain a hold on your sympathies, and possibly secure a champion who would enlist his efforts in my cause.

To specify, then, more particularly the matters I complain of, shall be my first business.

You are all acquainted with my hostess. You know she is rather thin in flesh, not very well nourished, with feeble and easily disordered digestion, nervous, whimsical; her social and domestic relations not always pleasant, with a good deal of unoccupied time on her hands (she doesn't keep house), a couple of children (who are taken care of by their grandmother), and much afflicted with headaches. You know, also, that she very rarely acknowledges that she feels well.

To give you an idea of how we have been getting along together, it will be necessary to go back a few years.

For a considerable period after I began to perform my physiological duties, we got along well enough. But by and by, late hours and undue indulgence in sweetmeats began to tell on my lady's digestion, and, as a consequence, the supply of the particular material necessary to the proper performance of my duties becoming deficient, both in quantity and quality, I could not perform them well, and we had a little trouble. The old family doctor, who was consulted about it, told her mother, among other things, that late hours and excitement, and dissipation were bad for her, but things went on in the same way, nevertheless, I, meanwhile, doing the best I could. One day, however, my hostess heard of some great man, who had been away off somewhere, and who could effect almost anything in the line of relieving afflicted females short of a miracle; so she began to complain more and more in the hope that she might induce her parents to send her to him. And an unlucky day it was for me when she succeeded, as she did.

So away we went—the Great Man was seen—and with a wise shake of the head, he said: "Miss, it's your womb." Well, I was astonished—I wondered what I had done—I couldn't think what he meant. I wasn't very long in finding out what he proposed to do in the matter though. A short time afterward I felt something cold, and then I saw a great round opening to the light, and immediately the Great Man's eye came into view. I was so startled and confused, I didn't observe much that he did, but before he quit he had pushed a hard, smooth stem up into my cervix, and I had to wear it there ever so long.

I believe after awhile that my hostess began to think she was better. She went back home at any rate, and began the same routine of life she had followed before. My work was often interfered with by imprudences on her part similar to those which had caused our first trouble, and we didn't get on at all as we should have done. So after awhile away we went to see the Great Man again. This time he introduced me to a crooked, twisted sort of a thing. I heard him say it was a pessary, and he made me ride on that to correct my mal-position as he called it. I didn't like this treatment a bit, and soon let them know it, so they very soon took the thing away, and my hostess went home again rather hastily.

I wondered why she didn't stay longer, as she did the other time—and that was soon explained, too—there was to be a wedding. Well, that came off in course of time, and as I never gossip about family affairs, even if I am ill-treated, our narrative will be interrupted for a time.

Not so *very* long after this—just as I had expected, too—I found I had another duty to perform. I was glad of it, too, for I hoped by doing my best (as, indeed, I had always done), I might regain my hostess's regard. How well I did, you can see for yourselves any fine day, if you will only peep over into his grandmother's yard—as fine a boy as anybody's boy. But I wasn't altogether fortunate in my endeavor, for I had the misfortune at one period of my efforts to lacerate my os a little. This I looked on as a trifling occurrence at the time, as it soon healed up again and seemed all right, but eventually I found out my mistake.

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My hostess, through nursing and some domestic disappointments, did not seem to get along very well, and after some months we went to see the Great Man again. And would you believe it? "Madame, it's your womb," again. And then he began talking about some other great man. I think he called him Emmet, but I was so set back at the idea of being accused of causing all the trouble my hostess was having, that I didn't attend to much that was said. The result of this conference was that I was vigorously attacked with a lot of sharp tools, scissors, needles, knives, and the like. My os was cut where it had been torn, it was stitched up again, and my hostess spent a month in bed. I never could understand what the man did this for, but it all healed up very much as it had done before; and the rest in bed did madame much good. But I had it all to undergo again after the little girl was born. That time my os was again torn, and it hadn't healed up very well, though I believe, if they had only kept madame at rest and given us a little more time, it would have been all right.

Since then we have been getting along very much as before. Sometimes pretty well—sometimes not. We've been to see the Great Man a time or two since, but he doesn't seem to know what else to do. I've been torn open and I've been sewed up, and that seems to have taken him about to the end of his string; so matters are about as I described in the beginning. The old doctor drops in now and then to see the children, but he doesn't seem to concern himself much about madame. He tells her mother she will come around all right one of these days. I occasionally hear him tell about the doings of some of the great men of your profession, gynæcologists he called them. The Great Man we went to was one of them. I heard him once tell about how one of these, I think he called him Sims, used to slit open our cervices to cure all our hostess's complaints, and then, right after him, came the other man I mentioned, Emmet, who cured these same complaints over again by sewing up those slits. I could see that the doctor didn't think much of their performances, but I guess they made a great deal of money by them.

When I first thought of communicating my grievances to you, I concluded I would examine into this gynæcology business a little, and find out, if possible, what it meant. That a certain number of your profession should call themselves by such a queer name I thought singular, and I concluded I must be a very complicated organ indeed, to demand so much talent to be especially devoted to my welfare. It would seem that I am born to be astonished, for astonished I certainly was, when I found, on looking a little into my anatomy and physiology, that I am about as simply constructed as it is possible to be. I have a mucous lining, a muscular wall, and a serous covering, so the books say, with a few little mucous follicles and a reasonable supply of blood-vessels and nerves. That is all.

As to function, I seem to be of no use at all, as far as the well-being of my hostess is concerned. I perform no vital office—have nothing to do in any of the processes which are necessary in maintaining life—am not connected with any of the organs so engaged—and am even shut out of the apartments where all this work is going on. In fact, I discover that my hostess could get along as well, if not a great deal better, without me, and I believe that, latterly, she has begun to suspect something of the kind herself. I find that I am only a nest, nothing more—a place where an egg is hatched. And I find, furthermore, that there is no special peculiarity in my structure which makes my agency necessary for that. I find that an egg can hatch just as well tucked up in a fold of the peritoneum in the abdominal cavity as it can in mine. I know it is better for the egg and better for the woman, that the hatching be done in the nest, but, nevertheless, the fact remains, that what can be done in me can be done almost anywhere else. I am merely a convenience in a single respect and a very decided inconvenience in all others. When I look at the matter in this way, I don't wonder that my hostess seems at times a little nettled at me, particularly when gynæcologists induce her to believe me the author of so many of her ills.

Being such a simply constructed organ, then, and having such a limited field of usefulness, it cannot be otherwise than that I am subject to very simple derangements; and that the effects of these should not differ in any material respect from similar derangements in similar structures anywhere else. An abrasion or laceration in the mucous membrane of my hostess's mouth ought to produce pretty much the same effects as when they are located in my os, and they ought to be amenable to pretty much the same treatment. I won't stop here to give my notions in detail about the various disorders, real and imaginary, for which I have been treated; I do not want to tire you.

In my search for knowledge about myself, I accidentally glanced one day into an instrument-maker's catalogue. Here was a find. It made me dizzy to look through it. Such a lot of queer, crooked, ugly, and savage-looking things, no uterus ever imagined. I thought I would look over the list of such instruments as are used in the treatment of the less serious disorders attributed to my kind, and this is the result: There were 62 speculums (one of these is what the Great Man looked at me through), 31 dilators, 7 uterotomes, 8 scarifiers (scare-ifiers I first read it),

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113 pessaries, and sounds, and depressors, and elevators, and replacers, and uterine forceps, and curettes, and applicators, and syringes, and retractors, and, oh, I couldn't name them all in an hour. I counted 273 of them, and then quit. I was impressed with one thought, and that was, that these gynæcologists must be a wonderfully industrious set of men. Remember, too, that I only counted those instruments which are used in minor uterine surgery, as it is called; I got tired before I came to those used in removal of tumors, vesico-vaginal fistula and the like; there must be one or two hundred more of these.

I started to find out if I could what gynæcology was founded upon, and I found that if I were left out, there would not be much of the specialty left. It was about what I had expected, and yet it made me uneasy. I wish I didn't occupy such a prominent situation. The gynæcologist, you know, looks at the world through a speculum, and, as I am always at the other end of it, he has some excuse, I suppose, for considering me to be the foundation on which the structure of his fortune and fame must rest. But this thing of having a lot of busy, inventive, ambitious men continually at work contriving new reasons for doing new things to me, and devising new instruments to do them with, opens up a prospect which is far from reassuring.

What I most dread is the legitimate and inevitable result of this state of things. Under the stimulation of emulation, honorable and otherwise, every square inch of my os, cervix, and mucous lining is continually interrogated, and its various states of anæmia or hyperæmia, congestion, active or passive, redness or paleness, minutely dwelt upon, the tilt of my body wisely scrutinized, the depth of my fundus carefully probed, every segment of my muscular wall solemnly investigated, mucous follicles inspected, epithelial lining examined, secretions analyzed and differentiated, every constituent part of myself worked over and compared with some ideal standard, which each individual investigator has set up in his own mind as representing the normal condition. All this concentrated attention directed to an organ which is three inches long, two inches broad, an inch thick, and which weighs from an ounce to an ounce and a half. . . . .

I should be sorry if anything I have written should give you the idea that I have not a very high regard for your profession. I admire this never satisfied spirit of investigation which possesses so many of you medical men very much. It is a grand endowment, and too much cannot be said in praise of its efforts and achievements, only, I think, I have been receiving a little too much of its attention lately. How would it do to have a little change? Suppose you try the plan of resting yourselves by changing the field of inquiry. Now, there is my friend at the other end of the avenue, the Hymen. Why not take that up as a subject of investigation? Here we have bloodvessels, and nerves, and mucous membrane, and epithelium; surely there must be some pathology where we have so many of these. Then it is constantly exposed to injuries of various kinds—lacerations even. These alone would furnish a fine field for such of you as may be fascinated by such dreadful things.

Then there are my neighbors, the Ovaries—no, I'd rather not—that's a little too near home. But there are the liver and kidneys, and a dozen other organs; organs, too, which are complicated in structure and function, and which you cannot get at very readily to do harm to; these will bear any amount of scientific inquiry, and, by engaging in it, you stand a much better chance of advancing the claims of your profession than you will by poking around me all the time. And there is the nervous system. This is another fine field; perhaps the most promising—certainly the most mysterious of all—and I am strongly of the opinion that if it is diligently worked you will find here the origin of the greater part of the mischief which you now attribute to me. . . .

To be candid, I don't care what you do, or what organ or system bears the brunt of your scientific questioning, just so I escape. I have become the embodiment of undiluted selfishness. All other organs may defend themselves as best they can. They never tried to help me any, and I am not sure that some of them haven't done what they could to get me into trouble.—*College and Clinical Record.*

BOOK REVIEWS.

Traité Elementaire d'Anatomie Medicale du Systemè Nerveux. By CH. FERE. Edited by A. DELAHAYE and LECROSNIER. Paris.

This work is one which will prove of great value to anatomists and physiologists concerned with investigations pertaining to either normal or pathological conditions of the nervous system. Besides establishing a claim to considerable originality of scientific research, the author embodies in this work the practical results obtained by such distinguished fellow workers as Charcôt, Nothnagel, M. Raymond, Erb, and Heitzmann. The subject of cerebro-spinal localizations receives due attention, and the manner of presentation is such as will recommend itself to both physiologists and clinicians. The author has not been sparing of illustrations which number some two hundred or more throughout the five

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hundred pages of text. We cheerfully recommend this publication as one calculated to fill a long needed want in medical literature.

Massage as a Mode of Treatment. By WILLIAM MURRELL, M.D., F.R.C.P., Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable monograph is a complete *résumé* of the subject of massage. It contains chapters on the history of massage, the method of performing it; its physiological action, and its value in rheumatism, paralysis, neurasthenia, constipation, spinal irritation, organic diseases, joint affections, and uterine complaints.

A Manual of Dietetics. By J. MILNER FOTHERGILL, M.D., Physician to the City of London Hospital for Diseases of the Chest, etc. 255 pages. Price $2.50. New York: William Wood & Co., 1886.

If this book was written for any other purpose than to ride into popularity upon the wave of dietetic reform the author's intentions have been sadly frustrated. It contains nothing new that is good, and that which is good has been the common property of the profession and the public from time immemorial.

The Genuine Works of Hippocrates. Translated from the Greek, with a Preliminary Discourse and Annotation. By FRANCIS ADAMS, LL.D., Surgeon. In two volumes. Vol. II. New York: William Wood & Co., 1886.

The Nature, Pathology, and Treatment of Rheumatism. By T. J. MACLAGAN, M.D. New York: William Wood & Co., 1886.

A Treatise on Electrolysis, and its Applications to Therapeutical and Surgical Treatment in Disease. By ROBERT AMORY A.M., M.D., etc. New York: William Wood & Co., 1886.

Handbook of Practical Medicine. By Dr. HERMAN EICHHURST, Professor of Special Pathology, Therapeutics, and Director of the University Medical Clinic in Zurich. New York: William Wood & Co., 1886.

These four scholarly and interesting volumes have been issued as the April, May, June, and July numbers of Wood's Standard Library, and are an illustration of the scope and value of this popular series.

A Treatise on Diseases of the Nervous System. By WILLIAM A. HAMMOND, M.D. With one hundred and twelve illustrations. Eighth edition, with Corrections and Additions. New York: D. Appleton & Co., 1886.

This valuable work contains seven sections. The first section is devoted to a consideration of diseases of the brain, the second to diseases of the spinal cord, the third to cerebro-spinal diseases, the fourth to diseases of the peripheral nervous system, the fifth to diseases of the sympathetic nervous system, the sixth to toxic diseases of the nervous system, and the seventh to certain obscure diseases of the nervous system. Each section contains an elaborate description of the symptomatology, etiology, pathology, and treatment of the various maladies comprised in it.

Analysis of the Urine with Special Reference to the Diseases of the Genito-Urinary Organs. By K. B. HOFMANN, Professor in the University of Gratz, and R. ULTZMANN, Docent in the University of Vienna. Translated by T. BARTON BRUNE, A.M., M.D., late Professor of Practice in the Baltimore Polyclinic and Post-Graduate Medical School, and Lecturer on Clinical Medicine in the University of Maryland, and H. HOLBROOK CURTIS, Ph.B., M.D. Second edition, revised and enlarged. New York: D. Appleton & Co., 1886.

This valuable monograph is without a superior as a guide to analysis of the urine, as a means of diagnosis of the various diseases of the genito-urinary organs, and will be found invaluable by every practitioner of medicine.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F.R.C.S. Eighth edition. Philadelphia: P. Blakiston, Son & Co., 1886.

This popular and valuable manual is almost indispensable to the practitioner, as well as to the student of medicine. It contains a complete description of all the minor operations, a chapter on the arrest of hemorrhage, and chapters on the dressing of wounds, the retention of urine, the treatment of cases of poisoning, the administration of anæsthetics, and the management of fractures and dislocations. It is written in an attractive style, and contains one hundred and forty-two illustrations.

Hand-Book on Diseases of the Ear; for the use of students and practitioners. By URBAN PRITCHARD, M.D., F.R.C.S., Professor of Aural Surgery, King's College, London, etc. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable hand-book contains a concise but comprehensive description of the symptoms, cause, and treatment of the diseases of the ear. It contains a number of excellent illustrations, and will well repay perusal.

The Medicine of the Future. By AUSTIN FLINT, M.D., LL.D. New York: D. Appleton & Co., 1886.

This scholarly essay, which was prepared by the late venerated Austin Flint for the Brighton meeting of the British Medical Association merits a place in the library of every practising physician.

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COMMERCIAL NEWS.

The French have taste in all they do,
While we must go without;
Nature to them has given goût;
To us she's given gout.

Rapid Dilatation of the Uterine Canal.

In a clinical lecture, published in September number of THE MEDICAL BULLETIN, Professor William Goodell, M.D., says:—

"I pass the dilator as far as it will go and then dilate a little, and continue to repeat this process until the ends of the instrument pass the internal os. The uterus, besides being retroverted, has a little bend, and I shall, therefore, turn the dilator inside of it, so as to bring the organ into its normal position. Having prepared the way by the smaller dilator, I introduce a stronger instrument and gradually dilate.

"In my opinion, this is, above all others, the operation for dysmenorrhœa and sterility. Sponge tents are hazardous, painful, and unsatisfactory. Last Saturday I performed dilatation in a case which had been treated with sponge tents without benefit. In the use of tents there is always a liability to produce septicæmia. Rapid dilatation is, however, not infallible, although in the majority of cases it succeeds. When I say that I expect to cure this girl, I do not mean that I shall relieve her of every vestige of pain, but she will have so little pain that she will not even have to take gin, which is, by the way, an excellent stimulant under these circumstances. She will have to go to bed. I was recently sent for to perform this operation in a case where the physician thought the patient could not live through another attack. I dilated up to one and one-fourth inches, and the patient has since had no trouble. In another case, the menstruation went from bad to worse, until, in the period before I saw her, two physicians were in attendance for forty-eight hours, giving chloroform. One dilatation cured her, and she never had to take another dose of medicine for the pain. I can recommend this operation to you for its successful results and its freedom from danger."

[The dilators referred to in this lecture are the ones made by Messrs. Charles Lentz & Sons. Cuts of them can be seen in their advertisement in this issue of THE BULLETIN.]

DURING the month of September three hundred and thirty-five new subscribers were added to THE MEDICAL BULLETIN'S subscription list.

A Handsome Exhibit.

The most magnificent display of the kind it has ever been our pleasure to see, was the exhibit of surgical plasters, etc., made by Seabury & Johnson before the Providence, R. I., meeting of the American Pharmaceutical Association.

It was most artistically arranged, under the supervision of Mr. George J. Seabury. Occupying the entire stage of Music Hall, it attracted much attention, and brought forth universal expressions commendatory of the enterprise of the exhibitors, the taste displayed in the arrangement of their exhibit, and the excellency of their goods, which, by the way, enjoy a world-wide reputation.

IN MICHIGAN they assess a dog $1.00 for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog.—*Battle Creek Moon.*

Hall of the Franklin Institute, Philadelphia, July 30, 1886.

The Sub-Committee of the Committee on Science and the Arts, constituted by the Franklin Institute of the State of Pennsylvania, to whom was referred for examination Himrod's Submerged Filter, report: . . .

The water to be filtered traverses from the outside to the central chamber in a tortuous course, being compelled to pass four (4) times through a filtering bed of the height of the filter. . . .

The main feature of this filter is compactness, and especially ease of opening and recharging. It is the latter quality which the inventor claims as its capital advantage. A thing absolutely necessary for the perfect working of filter, and allowing the same to be kept in a clean and wholesome state at all times with little care or expense. . . .

Since modern investigation has demonstrated, beyond doubt, that filtering media are soon exhausted, and then form nests for the propagation of bacterial life instead of means for suppressing it. Cf. P. F. Frankland, New Aspects of Filtration, etc., Journal Society Chemical Industry, 1885, p. 698. Frequent cleansing and recharging of filters must immediately be undertaken even if the water should continue to pass off tolerably clear.

In this respect the Himrod filter offers advantages your sub-committee have not yet met with in any other filter sold for like purposes, and as it is adapted to connect with any water-cooler in the market, your sub-committee would heartily recommend it to all consumers of ice-water.

OTTO LUTHY,
G. MARGEN ELDRIGE,
A. R. HEYL, Chairman.

Adopted Sept. 1, 1886.

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MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, NOVEMBER, 1886. No. 11.

A CLINICAL LECTURE.

PERITYPHLITIS.

BY WILLIAM PEPPER, M.D., LL.D.,

Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The lad whom I bring before you to-day has been in the hospital some little time. I shall in the first place briefly give you the history. He is 19 years of age, and was admitted to the hospital, June 19th, three and a half months ago. His family history appears to be good. He, himself, had measles when a child, but was always well until three years ago when he had an acute, painful affection of the bowels which he thinks resembles the attacks which he has recently had. Since that time he has been constipated and has been obliged to use purgatives. The present trouble began on the first of June, with a spell of diarrhœa lasting for a couple of weeks. When he came to the hospital, the bowels were quiet and remained so until an enema was administered, when he discharged hard, scybalous masses, covered with mucus. He had a little fever, with a temperature of 101° and a pulse of 80. He complained of some pain when pressure was made over the right iliac fossa, and in this region a sense of resistance was found on palpation. The abdominal walls were tightly stretched, and there was a little distension of the belly. He complained from time to time of slight colicky pains. He was at once put to bed and given a diet consisting largely of milk. He soon improved and the diet was made more liberal. At the close of June he had an attack of pain in the right side and this was followed by a little diarrhœa, which soon subsided, and was followed by constipation. At this time there was an increased induration in the right iliac fossa, and with the finger in the rectum this induration on the right side could be felt. The discharges from the bowel contained mucus but no blood. He again improved under treatment, the stools became more natural, and he was allowed to move about a little. July 27th, he had another attack of pain and he was put to bed. There was a return of the feeling of induration and of tenderness on pressure. This mass persisted, and although it was blistered, it did not disappear so rapidly as on former occasions. The bowels continued constipated and enemas were required. The evacuations obtained consisted of hard matter coated with mucus. Through the month of August he continued pretty well, but on the 29th of August he had another spell of pain and the mass in the right side increased in size, was hard, gurgled when pressed upon, and was tender to the touch. He was again confined to bed, his condition improved, the fever disappeared, the mass subsided, and he was allowed to take more food. Since September 1st (four weeks) he has had from time to time a little increase of pain but no distinct attack.

As you will have noted, he has since coming under observation presented a series of attacks, all of which were of the same character. There has been a little fever with diarrhœa, the stools containing mucus; following this there has been constipation, with increased pain, hardening,

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and swelling, in the right iliac fossa. These symptoms have then subsided and the patient improved in every respect, and then from some cause there has been a relapse. Three years ago he had a spell which he thinks was of the same character, and in all probability it was. This is then a case of inflammation in the right iliac region.

There are certain conditions affecting this region which are met with so frequently that it is desirable that we should have a most intimate acquaintance with them. In the first place, we have typhlitis, or inflammation of the walls of the cæcum; in the second place we have perityphlitis or inflammation of the cellular tissue surrounding the cæcum. These two conditions are very constantly associated with each other.

The attack may be one of pure typhlitis, the wall of the bowel alone being affected. This may be a simple inflammation, or there may be ulceration which may go on to perforation. More frequently, however, with the inflammation of the wall of the bowel there is inflammation of the cellular tissue around the bowel, so that the typhlitis is associated with perityphlitis. Again perityphlitis may be the first affection and the inflammation may chiefly affect the cellular tissue between the bowel and the iliac fossa. The condition may remain one of perityphlitis and may go on to produce swelling and exudation which may soften with the production of an abscess, and the wall of the cæcum may sympathize very little in the process. As a rule, however, the cæcum becomes involved in the inflammation.

The inflammation is attended with swelling from congestion, and from effusion, and from thickening of the tissues. This swelling manifests itself as a fulness in the right iliac fossa. The extent of this fulness varies, in some cases it is slight, while in others it may form a considerable mass extending several inches inward toward the median line of the abdomen. In most cases part of this fulness is due to impaction of feces in the cæcum. When the coats of the bowel are inflamed and irritated, its propulsive power is for the time lost, and the fecal matter which enters the cæcum is not forced onward, and as a result impaction occurs. In these cases the fulness will be dull on percussion. In other cases the fulness is dependent more upon thickening of the pericæcal tissue, and although there may be considerable resistance on pressure, yet percussion gives resonance. As I have already said, the inflammation may begin inside and extend through the coat of the bowel irritating the pericæcal tissue, and may even cause perforation of the cæcum. When it perforates the bowel it causes a pericæcal abscess. The inflammation may begin in the pericæcal tissue, and the exudation following may run on to suppuration and we again have a pericæcal abscess. Cases of typhlitis and perityphlitis may terminate either in resolution with removal of the effusion, or in abscess coming from perforation or from the violence of the inflammation. This is a possible result which is always to be borne in mind. In addition to the pain, fulness, and hardness in the iliac fossa, it will often be found that the mucous membrane of the bowel shows evidences of irritation. Not rarely there is for a day or two diarrhœa with straining, and perhaps with the presence of mucus in the stools. This is followed by constipation, which may be so marked that the condition may simulate obstruction of the bowels. If the attack is very acute there is some fever, the temperature going up to 102° or 103° Fahr., due to the extension of inflammation to the peritoneal covering of the cæcum producing a local peritonitis. This also leads to marked quickening of the pulse which may be much accelerated. The stomach also sympathizes and a few attacks of vomiting are not at all rare.

These, then, are the symptoms of acute inflammation in the cæcal region. The affection is most common in young persons. It occurs very often in children, and often enough in young persons up to adult age, and it may occur in old persons.

Causes.—Impaction of the feces is a frequent cause of this inflammation. The bowel may be full of partially digested, crude, harsh material, and its coats are irritated. If, while the bowel is in this condition, some strain or bruise is received, or a violent cold is taken, this part may become the seat of inflammation. Habitual constipation is to be borne in mind as a frequent predisposing cause. The inflammation may be caused by a strain or a direct blow. It may also come from a severe cold, taken when the system is in a relaxed condition.

The course of the disease under appropriate treatment is towards resolution, terminating in from ten to twenty days. Not rarely, how-

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ever, the inflammation goes on to suppuration. When this takes place, the symptoms change. The patient has a rigor, followed by sweating, the fulness continues, and it is soon recognized that a process of suppuration is going on. The abscess must be evacuated. If it is not evacuated externally, it will burst internally, and while it may open into the bowel and be discharged with safety to the patient, it may burst into the peritoneal cavity, causing death. It may in some cases lie for a long time in the cellular tissue, and gradually wear the patient out, causing death by exhaustion. Even when the inflammation terminates by resolution, as it did in this lad, there is a marked tendency for these affections of the cæcal region to leave behind them a state of weakness which disposes to relapse. A little thickening of the coat of the cæcum and of the pericæcal tissue is left with a greater tendency to accumulation of feces; the constipation continues, and from time to time, some slight cause, as a blow or exposure, will light up the inflammation, and the patient will have a fresh attack. I have seen this repeated as often as ten, twenty, or thirty times in the course of a few years. This lad has had no less than four or five attacks of perityphlitis since coming under our observation. These repeated attacks lead to a permanent thickening of the wall of the cæcum. I have seen it as thick as my finger, and the cavity so contracted as to scarcely admit the thumb. The cæcum, instead of being large, flexible, and elastic, was a rough, gristly tube, with a contracted, narrow, tortuous channel through which hardened feces could not pass, the bowel itself being fastened to the iliac fossa by dense adhesions. In this condition, the case becomes almost incurable. It is, therefore, excessively important that not only should the acute symptoms be subdued, but that we should also be satisfied that not a trace of trouble is left. The thorough treatment of all cases of typhlitis and perityphlitis is one of the most important lessons which could be impressed upon you. There is another danger in connection with these cases. Although the patient may appear to be getting well and the swelling subsiding, yet there may be some point outside of the cæcum where suppuration is going on, producing a small collection of pus somewhere behind the bowel, where it is not accessible. This may remain as a constant source of danger, and, as these fresh attacks occur, it may burrow in various directions. I have seen such an abscess suddenly make itself visible in the lumbar region, or burrow down and come out through some of the openings of the pelvis, and appear at a distant point in symptoms of pyæmia.

Let us now examine as to the present condition of the patient. The belly is distended. Palpation reveals a well-defined fulness on the right side. This is found to fill up the hollow of the iliac fossa, and I can trace it downwards some little distance. This is not very hard. The part is tender even on gentle pressure. In an upward direction it extends not quite to the top of the iliac fossa. There is perfect resonance on percussion, showing that there is no accumulation of feces, and that there is not enough effusion to press the cæcum away and give an area of dulness.

This is a case of chronic perityphlitis in which the wall of the bowel has been moderately involved, giving rise to a chronic catarrhal inflammation, which is constantly forming mucus which appears in the stools. The walls of the bowel are weak and dilated, leading to constipation, so that in order to secure evacuations some laxative is constantly required. He is now almost entirely free from fever; the pulse is sixty-three per minute, and the tongue is moist and slightly coated.

A point of great importance in the study of these cases is the examination by the rectum. When I have an opportunity of speaking to you of affections of the vermiform appendix, and to call your attention to the great importance of making an early diagnosis in these diseases, which run an exceedingly rapid and fatal course, I shall point out to you that the only way in which we can hope to do this is by a thorough examination by the rectum, introducing the hand with the patient under the influence of ether, so as to be able to precisely locate the seat of inflammation. A careful examination of the rectum is a matter of extreme importance in many intestinal affections, and is far too little attended to. I shall frequently call attention to errors of diagnosis which may result from the neglect of this simple method of examination. This is an unpleasant duty, but at the same time it is an important one. I shall now make the rectal examination in the present case. I first examine the left side, so as to appreciate the curves of the pelvis. On the right side, I undoubtedly detect some fulness, which

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is felt as low down as I can reach with the finger. When I press on the hardness in the iliac region, I do not feel any impulse communicated to the finger in the rectum. There is no fluctuation. This thickening in the right side is evidently due to pelvic cellulitis, which has extended from the perityphilitis. There is no evidence of suppuration. The result of the rectal examination confirms our opinion drawn from the study of the cæcum, and is negative as far as any indications for treatment are concerned. Where in the early stages of an inflammation in this region we are in doubt, it is exceedingly important to make the examination, not simply with the finger, but by placing the patient under ether and introducing the whole hand so that it may be carried up and feel the surface of the cæcum, the position of the appendix, and determine whether or not there is any formation of pus even if it be small, and guide us in deciding the question of opening the abdomen for the evacuation of the pus.

This boy has been sick so long, and has had so many of these attacks that it is evident that he must be cured without delay, or the condition will run into one of chronic thickening and contraction of the bowel, which is practically incurable. I propose to put him upon a course of treatment which will be maintained with great strictness, in the hope that further relapses will be avoided.

In the first place, he must be guarded from all atmospheric changes. Whenever a change of weather is threatened extra precautions should be taken. No matter how much better he gets, and if he is allowed to be out of bed his movements will be closely watched, and he shall be put to bed before the approach of an expected storm. The dress must be attended to. A belt of flannel shall be placed around the abdomen, so as to protect the affected zone. Constant counter-irritation must be kept up over the seat of thickening. This can best be done by repeated small blisters an inch and a half in diameter, repeated every ten days, in a line from the groin up along the fossa.

The diet must be regulated with care. I shall give him milk, which has been peptonized, so that there will be no formation of hard masses of curd which might accumulate in the cæcum. We shall also give light cereal preparations, such as fine grits. He can also have broths, soft eggs, raw oysters, and soft milk toast, but we shall avoid all articles which will leave a bulky or hard residuum. The bowels must be kept regular. The use of laxatives is not desirable. I shall order him to have two or three times a week an injection of three ounces of sweet-oil at night, to be retained all night, and, if necessary, an injection of soap and water in the morning. The oil will lubricate the rectum, and will be drawn into the colon by aspiration.

Internally, I shall give the following, made into a hard pill:—

℞. Ex. nucis vomicæ . . gr. ¼
Ex. belladonna . . . gr. $\frac{1}{12}$
Argenti nitratis . . . gr. $\frac{1}{6}$

This will be given two hours after food has been taken, so that it may be passed into the bowel with the digested contents of the stomach.

This treatment will be persisted in for some time. If we find that the hardness continues, and every now and then, from some trifling cause, there is increased soreness and pain, with a little feverish irritation, I am satisfied that our duty is to cut down upon the iliac fossa, and see in the first place whether there is any small abscess, and if there is, evacuate it. If there is no abscess, we should put in a drainage-tube and encourage discharge, allowing the wound to heal solidly from the bottom. As in these cases, where the disease proves chronic, the results are so unfavorable where the case is neglected, and, as it has been subsequently found that in many of these cases there was a small abscess out of reach of the fingers, I am in favor of incising these cases if they resist all other treatment. I think, however, that this patient will be cured by adherence to the strict course of treatment which I have indicated. I shall bring him before you at intervals of a month in order that you may note the progress of the case.

ORIGINAL COMMUNICATIONS.

MEDICAL JURISPRUDENCE.

BY HENRY A. RILEY, ESQ., N. Y.

IN a recent English case the question at issue was whether there was proper ground for the commitment of a person to a lunatic asylum, suit having been brought for damages for such commitment against the physician who signed the certificate.

The latter said that he had reasonable and

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probable cause for believing the plaintiff insane, and an application was then made to compel a statement of his reasons for such belief. The court granted the application, and the opinion given will be of interest. The judge said: "The matter in dispute is that the plaintiff wishes to know the reasons why the defendant libelled and imprisoned him in a lunatic asylum. To this the defendant answers that he said, 'the plaintiff was mad because he was mad, and that he locked him up for the same reason.' It seems to me reasonable that the plaintiff should know the grounds on which the defendant formed his opinion as to his state of mind. Why should not the defendant state in writing the grounds upon which he acted? I confess I cannot see why he should not do so; he must have had some grounds, and in my opinion, the plaintiff ought to know them, in order that, if possible, he may be able to refute them. That being so, it is contended on behalf of the defendant that it would be oppressive and vexatious to order him to give such particulars, because it would be impossible to give them clearly, and they would be so difficult to express, that it would be necessary to give the whole of the defendant's brief and all the details of the case on which he relies. I do not agree with that contention. I think that these particulars are capable of being stated in a manner sufficiently clear to be useful. If they cannot be stated otherwise on account of the details involved in them, they may be given in general terms. On the other hand, if the defendant had plain, clear grounds for acting as he did, I fail to see why particulars of such grounds should not be given and stated as clearly as the circumstances permit."

The last Legislature appointed a commission "to investigate and report to the Legislature of New York, on or before the fourth Tuesday of January, 1887, the most practical and humane method known to modern science of carrying into effect the sentence of death in capital cases." This commission consists of Elbridge T. Gerry, of New York; Dr. N. P. Southwick, of Buffalo; and Matthew Hale, of Albany.

The sentiment which caused the appointment of these gentlemen is, of course, dissatisfaction with the mode now in vogue, viz., hanging, and a variety of substitutes have been suggested. A bill was presented to the Legislature a year or two ago which allowed the condemned criminal to make a choice of the method of death, and if no choice was made, then hanging was to be considered the legal mode. This bill did not pass and has been dropped, we presume in favor of the present commission.

The Albany Law Journal not long since, in very vigorous language, expressed its entire disapproval of hanging. It said, "All the preparations for hanging are shocking and demoralizing. Sometimes the victim hears the noise of the hammers preparing the fatal engine for him. His death, at best, is lingering and curious, and morbid eyes watch his dying struggles. Sometimes the operation is inhumanly painful. When all is over curiosity hunters greedily strive for a bit of the rope or a chip of the gallows. The next day the newspapers have long and detailed accounts of the last awful scenes. All this is extremely demoralizing to the community. Executions ought to be more private, and 'reporters' ought to be excluded. The offenders ought to go out of life as noiselessly and mysteriously as possible consistently with the idea of public justice. When there is such an unfailing, instantaneous, and painless agent as electricity for instance, so easily and cheaply applicable, it seems that it might be utilized in the execution of capital offenders. We expect to hear a howl of derision at this suggestion.

"There is always a class of men who believe in making public punishment as painful and revolting as possible. Who yearn for the whipping-post, and probably for castration for those guilty of rape, and the like; but it is our experience that this is one of the lower classes whose passions are strong and need strong appeals."

The crematory at Fresh Pond, New York, has the proud satisfaction of knowing that it has burned the bodies of more persons than all the other crematories in the country, notwithstanding the short time it has been open to the public. The use of the crematory does not now attract the attention that it did at the outset, but very likely the patrons are as numerous as ever. One of such patrons, we believe, was the late Charles Cohn, whose will has been admitted recently to probate by the Surrogate of New York County. In this will Mr. Cohn says: "I want my body cremated without ceremonies and in the simplest and least expensive way. The ashes I wish either to be sprinkled around a tree or on a garden spot,

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where the rains may mix my remains with the soil or the winds disperse them otherwise." Mr. Cohn made himself unpopular with his heirs by cutting them off without a cent, but to show that he had not forgotten them, he placed his photograph in the envelope containing his will, with the words on the back, "My congratulations to my heirs."

A correspondent of the Albany Law Journal gives the following extract from the will of another cremationist: "It is my will that my body be cremated as soon after my decease as practicable, and that my ashes be divided into as many portions as I shall leave children me surviving, and I direct that thereupon one of such portions shall be given to each child of mine who shall survive me. I request my said children to tenderly deposit the portion of my ashes which they may receive upon such distribution in suitable receptacles of gold or silverware to be prepared especially for that purpose, which, with their contents, I trust they will ever lovingly cherish as souvenirs of their departed parent."

A Massachusetts court has just decided that it is constitutional to enact laws authorizing courts and magistrates to award to the overseers of the poor the custody of children found to be neglected by their parents, and growing up without education or salutary control, and in circumstances exposing them to lead idle or dissolute lives. The commitment by a magistrate is not conclusive, however, and the parent has a right to show that the cause for the commitment does not exist, and that the welfare of the child will permit of his discharge from custody.

There have been some recent cases of interest in regard to public health, and especially concerning the great question of city sewerage. In one case in a Brooklyn court, it appeared that a system of sewerage was adopted which was sufficient for the needs of the district at first, but which afterwards became inadequate, and was known to be so. Complaints were made about it, and there were frequent overflowings. In one of these the property of the plaintiff was damaged and he sued the city. In this case the authorities were held liable. In another case, in Baltimore, the officials used a flowing stream as an outlet for a sewer, and had entire control of it, but it was not properly inclosed and the water backed up, and as a consequence overflowed and caused damage. The defense was that it was a flowing stream and the city was not responsible, but the court decided that the defense was untenable, and payment must be made for damage inflicted.

A NEW IMPROVED TROCAR AND CANULA.

BY JOHN S. MILLER, M.D.
Assistant Surgical Clinic, Jefferson Medical College Hospital.

THE frequent occlusion of the canula by intestine or omentum in the operation of tapping the abdominal cavity, has suggested the device shown in the following cuts. The stoppage generally occurs when about a pint of fluid has been withdrawn, and various manœuvres are resorted to, such as the endeavor to float away the obstruction by changing the patient's position, or the dangerous one of introducing a probe through the canula, and generally without success.

The device to which reference has been made, is a smaller and longer canula introduced into that already in position in case there is a cessation of flow. It is blunt and provided with two long fenestra. In the latter are springs which expand and push aside the obstruction on emerging from the original canula, and which are so solidly soldered as to offer no danger of breaking off in the abdominal cavity. In reply to the query whether or not the gut can become incarcerated and wounded in the springs, it may be stated that in several operations no such accident has occurred, nor were efforts successful to bring such about upon the recent cadaver. The instrument can be used with any trocar and canula above calibre 16, French.

The instrument is manufactured by Charles Lentz & Sons, No. 18 North Eleventh Street, Philadelphia.

IT will pay you to place your advertisement in THE MEDICAL BULLETIN. It is now the largest and best medical journal published for $1.00 per year, and its circulation is increasing very rapidly.

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SOME ADDITIONAL CAUSES OF SUBINVOLUTION.*

BY T. V. CRANDALL, M.D., PHILADELPHIA.

I APPROACH this subject with a degree of embarrassment, because of the inability of the best recognized modern authorities to agree as to nomenclature, cause, or pathological condition. All writers acknowledge its frequency, and many accurately describe the patient's sufferings. All have a large list of remedies.

It is my desire to speak of that form of subinvolution or chronic metritis, or areolar hyperplasia, arising from childbirth and abortions, and pass by this condition when caused by, or accompanied with, fibroid tumors, polypi, and kindred abnormal conditions mechanically producing it. Indeed, the long list of possible causes are more or less speculative, and the literature on the subject up to about fifteen years ago is not abreast with the present advances of pathology.

I desire to speak from clinical and anatomical observation, as the pathological condition is undetermined, and not enough study in the right direction has been given to this subject by pathologists.

Omitting a large list of causes as given by text-books, is it not a fact that clinically we find subinvolution following the puerperal condition, abortions, and miscarriages?

Immediately following delivery, provided it has been a case of "hands-off," the waters having dilated the os, no traction on the trunk after the head is delivered, the uterus having been permitted to discharge the placenta, no rupture of cervix or perinæum, and what follows? Subinvolution? No; another and another accouchement, until in time a baker's dozen.

Just at this stage the uterine contractions continue for a period of eight days or more; the object, to express from the parietes liquids with which the walls are still engorged after delivery. This lochia contains one-third red globules, the balance white globules and epithelial cells, grayish molecular granules and granulations of fatty matter.† Here we have in the walls of the uterus this discharge, which is "humoral engorgement," and contains elements for areolar hyperplasia. Now, if, instead of the normal condition of labor which I have described, some condition exists, or is produced, causing an injury to the uterus, vagina or perinæum, a laceration of the cervix, either subsequently perceptible or not, or rupture of the vagina, or a lacerated perinæum, the nerves of and about the uterus receive a *shock*. The contractions cease, the lochia is partly or entirely suppressed; there will be more or less of bright blood for weeks, but the fading and changing phenomena of the lochia are not present, the engorgement of the uterus remains, and we have a mild metritis, which passes into chronic metritis or subinvolution in the first stage described by Scanzoni.

"The uterine tissue is infiltrated with blood, serum, and fibrin, the organ in a state of engorgement, œdema, the consequence of active and passive hyperæmia. It is enlarged in volume, altered in shape, reddened, and more or less sensitive on pressure, soft and doughy to the sense of touch. Long-continued venous hyperæmia leads with comparative infrequency to induration. Although intercurrent inflammations and exudations and new formations of tissues may produce that effect, this stage cannot be invariably viewed as of an inflammatory character; these enlargements of the uterus are frequently examples of the nutritive disturbances commonly observed in the organs in consequence of long, continuous, venous hyperæmia." This first-stage theory of Scanzoni is ably supported from clinical observations by Byford.

"Insufficient post-partum contractions of the uterus easily lead to the gradual development of chronic metritis."—*Mayerhoffer*.

"The condition termed subinvolution, where the uterus remains too large after childbirth, is due to faulty nutrition; the reparative powers having been *checked* in the process of removing the old material."—*Emmet*.

"This condition is due to many causes, among which puerperal inflammation is only counted as one."—*Schroeder*.

"Chronic metritis usually results from an extension to the body of the womb of an inflammation of the cervix."—*Bennett*.

"By chronic metritis is meant such tissue changes in the substance or parenchyma of the womb as are brought about from a previous inflammation or a persistent hyperæmia. In its early stages it seems to be characterized by

* A paper read before the Thirty-seventh Annual Session of the Pennsylvania State Medical Society.

† Leroux.

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passive congestion, and by infiltration of a sero-sanguinolent fluid."—*Goodell.*

"It is by the same mechanism that laceration of the perinæum becomes a cause, first of subinvolution of the vagina, then of the uterus itself."—*Mary Putnam Jacobi.*

I have made these quotations to show that when Scanzoni formulated his ideas (1863), he nearly approached the true theory as to cause, and I believe, with the advantages of the American literature of the present day on cervix and perinæum lacerations, and partial lacerations of the body of the uterus, he would find sufficient cause in these accidents for chronic metritis and subinvolution.

Simpson says that evidence of a certain degree of laceration is given by almost every careful autopsy of women after delivery, whether assisted or not during labor. Emmet says at least one-half the ailments among those who have borne children are to be attributed to lacerations of the cervix. Goodell says that at least one out of every six women suffering from uterine trouble, has an ununited laceration of the cervix.

Injury to the upper third of the cervix or body of the uterus will be doubted, or even not suspected, where a speculum examination shows a perfect os. Two years ago I saw a case in the practice of Dr. B. J. Rudderow, where a laceration had occurred involving the posterior wall above the vaginal junction, and six weeks after delivery I was called to repair the injury. When the patient was in the Sims position, and the speculum introduced, I was about to measure the uterus, when the sound by its own gravity was nearly lost in the abdominal space through this opening. Drs. L. K. Baldwin and Rudderow each confirmed my diagnosis. I repaired the injury as far as possible, and no unpleasant results came from the operation. She died subsequently of double pneumonia, caused by exposure to cold; an unmistakable case confirmed by a consultation of physicians. Post-mortem refused. A second case of rupture of the wall of the uterus with a perfect cervix is now under observation. This lady at thirty-five has five children. Six weeks previous to my first visit she was delivered with instruments, all her previous labors having been natural, without instruments. The uterus measured five and a half inches, and in exploring with the index finger I found a laceration in the posterior wall. I asked Dr. Goodell to see this case as a matter of great interest, as they are most all fatal.

If, then, from shock to the uterus, the result of contusion or laceration, the contractions cease, or from a degree of soreness succeeded by an inflammatory condition, then the removal of the uterine detritus is checked in proportion to the degree of congestion or inflammation set up in the neck and spreading to the womb. The elasticity of the muscular fibres is not exhausted, but the contractility ceases or is reduced in proportion to the injury. A wounded muscle will not contract. Tait says that the majority of cases—one might say ninety-nine cases in one hundred—of chronic metritis are contracted by, and directly due to, subinvolution of the uterus after labor or miscarriage. Contraction arrested, a low degree of metritis produced, and no treatment instituted, the patient passes to Scanzoni's second stage of subinvolution or chronic metritis, and it seems to me only nominally differential. The second stage is described as induration. Connective tissue replaces the elements which are destroyed by chronic inflammation. The soft tissues become infiltrated, and the vessels are narrowed or obliterated by the contraction of this new tissue, which is pale, tough, and so hard that a knife cuts it with difficulty. It is not my purpose to quote authorities to prove or disprove theories; these you will find ably discussed by Drs. Jacobi* and W. W. Jaggard† quite recently.

In the same line of thought and argument as to cause, I would review some of the methods of cure. We find an enlarged uterus longer than it should be, too heavy, and more or less of prolapse. The object is to lighten it, reduce inflammation and remove the sufferings of our patient. If there is an early detection of laceration, and the first stage of subinvolution, an early operation will cure both. We then deplete while the uterus is soft. If an old trouble of similar character, there is no greater relief obtainable than by a well-done cervix operation. I have recorded measurements in one hundred and fifty operations, and they range from three to six and a half inches. One case was an hypertrophied cervix and body, measurement six and a half inches—one and a half inches removed one year after confinement. By suppuration and depletion, application of iodine

* American Journal of Obstetrics, August, 1885.
† A System of Medicine. Pepper, Vol. IV.

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compounds, etc., in one year the uterus measured plus three inches. We cannot always obtain after-measurements, but as far as possible I have done so with gratifying results. In old cases, amputation gives better results. Many look upon this as a formidable operation. Dr. Thomas reports: Hugieur, thirteen operations, no deaths; Sims, fifty, one death; Simpson, eight, one death; his own, fifty, and one death; while Dr. Byrne with the galvano-cautery, operated largely, and no fatal result. It is not necessary to remove a large portion of the neck to obtain the desired result. The prolonged suppuration (two weeks), the free hemorrhage, starving the uterus by severing blood supply, all set up an action which shortens and consolidates the womb, and cures subinvolution. The alterative applications to the endometrium should be prolonged at intervals for months, but the ordinary applicator with cotton is a delusion. The internal os strips it of medicament, the mucus of the uterus coats it, and very little good comes from such treatment. For years I have used a non-corrosive, intra-uterine syringe with perforated sides, wrapped in cotton. I saturate the cotton by ejecting enough of the contents of the syringe, then after insertion eject a few drops, and with a side-motion remove it. This is not an intra-uterine injection; there should not be enough of the fluid used for that. The alterative effect of iodine needs neither extolling nor explaining; the iodized chloral-phenol of J. P. Thomas is the best for this trouble, but should be reduced gradually after the first month. If there are fungous growths on the mucous membrane, they should be removed with the curette. The history as to hemorrhages will determine this point. Another important factor in producing subinvolution, first of the vagina, then the uterus, is a torn perinæum. We know the frequency, and the sensitive, nervous structure; this should be looked to as a cause, and restored as a remedy, though not with such immediately gratifying results as in the cervix operation. The same can be said of injuries to the walls of the vagina.

1928 Spring Garden Street.

THREE HUNDRED AND THIRTY-FIVE!—THE BULLETIN received three hundred and thirty-five new subscribers during the month of September, 1886.

THE IMPORTANCE OF ALBUMENOID DIET.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

MANY people prefer quantity to quality, and this is particularly true with reference to their daily food. That most persons make the least of their chance in selecting their marketing, and throw away money on fashionable cuts of meat when more nutritious material is available at lower prices is notorious. Sir Henry Thompson says, in the Popular Science Monthly: "I have come to the conclusion that a proportion amounting, at least, to more than one-half of the disease which embitters the middle and latter part of life among the middle and upper classes of population, is due to avoidable errors in diet." And again: "True indigestion, as a manifestation of a diseased stomach, is comparatively quite rare. Not one person in a hundred who complains of indigestion has any morbid affection of the organs engaged in assimilating his food. As commonly employed, the word 'indigestion" means, not a disease, but an admonition." Bad as defective selection or unskilful preparation of food is for those in health, it is infinitely worse for the invalid and for growing children, and if more attention was paid to regulating the diet of our families than is usually done by general practitioners, drugging would be less prevalent, and we could compete with homœopaths on their own ground, for it is the careful attention to diet that insures their success, and not at all the potency of their microscopic attenuations, which are equally valuable whether administered, "exhibited," or smelt.

Physiologists are agreed that a perfect food should contain about fifteen grains of carbon to one of nitrogen, but this proportion exists in no one article of diet. To obtain it, therefore, a variety of food must be eaten, and this variety cannot always be procured, nor can all persons indulge in it without overtaxing the digestive organs.

As an aid to nutrition and to digestion, one or other of the numerous concentrated foods, as prepared by manufacturing chemists, are at times very acceptable, and, in enfeebled states of the system, they are often better than ordinarily prepared aliment. I have occasionally, in papers in this journal, adverted to

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such preparations, and I now speak of the article known as "Emerson's Albumenoid Food," which is, I believe, intended more for infants and invalids than for others, but my experiments with it show that it is of value for acute cases also. If we feed people who are in other respects healthy, but who have slow digestion, with something that is *quickly* and easily absorbed, and which is at the same time nutritious, much is gained. Now the country is flooded with foods more or less peptonized, and good as many of these are, they do not always meet the indications alluded to. Some of them (representing meat extracts) are illy borne in those of constipated habit; they require too much time for complete absorption, and, as nutritives, no matter how intrinsically valuable, are unavailing whilst in the stomach or intestine (in fact they are practically outside the circulation), this class is at fault. Meats require *complete* peptonization before passing into the circulation, and Schmidt-Mulheim has shown that in one hour after eating 50.38 per cent. was not dissolved in the stomach, whilst only about 2.26 per cent. of albumen remained unabsorbed. The intestine contained three times as much undigested muscular fibre as it did albumen, hence nutrition under such circumstances was evidently favored by the albumenoid food.

Another class of prepared foods is the malted products. Just now these articles deservedly are in favor, and in the instances of those peptonized during facture, they are invaluable. They are particularly adapted to disorders of childhood. In the cases presenting flatulence, or a tendency to fermentation in adults, they are not well borne, and troublesome diarrhœa is sometimes induced by persistent use of them. When purely vegetable in composition, these foods lack the azotized element *par excellence* —a serious defect, because a due admixture of nitrogenous vegetables (cereals and fruits included) and fatty aliment is required to maintain health, or to restore it if below par.

Nitrogen does not exist in a digestible form, except in an albumenoid. The principal albumenoids are albumen, found in eggs and the serum of the blood; fibrine, found in meat; caseine, found in milk; legumen, found in vegetables, and albumenoids, found in the cereals.

Casting about for something in itself nutritious yet readily assimilated, I have notably filled the want with the Emerson preparation. I am testing it in both hospital and private practice, and in the latter class it has served nicely in rheumatic fever, in phthisis, in chronic indigestion, in the constipation of pregnancy; and, although not at all a canonical article in such cases, it is apparently better than any other material in a case of albumenuria from granular kidney. With children it acts well, but fortunately, or unfortunately, I have run behind in my cholera-infantum list this year, still, at some other time, I hope to see how it will succeed in such cases. More might be said if space permitted, and at another time the results hereafter reached will be given.

The annexed analytical table shows at a glance why the food is valuable:—

	PER CENT.
Water	5.50
Ash (containing 1.39 per cent. Bone Phosphate of Lime) .	2.32
Total Albumenoids . . .	19.25
Fat	5.49
Sugar	41.67
Starch (Gelatinized) . . .	25.77
	100.00

It is noticeable that the albumenoid, the oily, the sugar, and the starchy elements are represented in a fair proportion, none are present in excess, and the absence of any medicinal agent is a further advantage. No nausea or fulness has shown itself in those employing it, although such symptoms are not uncommon with many prepared foods.

My intention is not to substitute ordinarily digestible diet by "albumenoid food," but to either add it to the usual meal in convalescents, or to use it until the digestive apparatus is abundantly able to do its normal work. Just as a stimulant braces up the patient, so will a good albumenoid preparation arouse nutrition, with the difference that a stimulant of itself adds no *real sustenance* to the blood whilst albumenoids do. In attaining this end we not only gain strength, but we enable patients to take therapeutic remedies which they otherwise are incapable of using. Again, after the crisis of a severe fever or long illness, it becomes desirable to feed frequently, yet moderately—to coax nutrition—and here we achieve our end nicely. Nothing, so far, has met my purpose more happily, and I know that judiciously used by others, the Emerson food must obtain equally gratifying results.

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One other point is noted: For some time past coca preparations have been fashionable—for fashion has crept into medicine at last. To poor people coca is a burden from its cost, and any substitute is desirable if just as good. In fully half such cases as coca is prescribed for, albumenoid food is, if not actually better, at least readily exchangeable, and thus the objection as to expense is met. Further, it is certain that too much alcohol is taken by convalescing cases under the coca plan, and too little thought is taken on this point. The great *sustaining* power of this new drug is overstated. You cannot do with less food under its use, and serious renal complications in scarlatina and other exanthemata are traceable to the careless use of medicinal wines to my own knowledge. It is better to go slowly at times, but coca and cocaine have traveled at express speed and met with unnecessary wrecks in consequence.

My time, and the demand of THE BULLETIN for brevity, compel me to defer illustrative cases until another number. I trust the readers of this journal will try for themselves the virtue of aiding nutrition as I have pointed out, and let us hear from them.

246 NORTH TWENTIETH STREET, PHILA.

EPIDEMIC DYSENTERY.

BY O. L. DALES, GRAND RAPIDS, MICH.

IN perusing the ever-welcome MEDICAL BULLETIN I observed in the Therapeutic Notes some valuable suggestions for the treatment of dysentery. Having had an extended experience in the treatment of the epidemic variety of that disease, I venture to give the plan of treatment which I pursued. When called to a case, and finding the following symptoms present, tormina, tenesmus, mucus, and bloody stools, great tenderness in left iliac region and elevation of temperature, I directed hot fomentations to be constantly applied over the lower portion of the abdomen, and gave the following:—

℞. Tr. opii . . . . . ℥vi.
Tr. catechu . . . . ℥ij.
Aqua mehth,
Syr. acacia . . ää q.s. ℥vj.

M. Sig.—Two teaspoonfuls in water every two or three hours.

℞. Bismuth subnit. . . grs. xx.
Every four hours.

For the pyrexia:—

℞. Quinia sulph. . . . ℥j.
Antipyrine . . . ℥j.
Acid tannic . . . grs. xx.
Syr. simplex . . . ℥iv.

M. Sig.—Two teaspoonfuls every three or four hours as required.

After the urgent symptoms were arrested a full dose of castor-oil or magnesia sulph. was directed to be taken, there being a tendency to fecal accumulation above the seat of inflammatory action. Of twenty-seven cases treated in this manner twenty-five made a rapid recovery and were convalescent in from three to five days.

*SOME OBSERVATIONS DURING TWO YEARS' RESIDENCE AT COLORADO SPRINGS, COLORADO.**

BY J. T. ESKRIDGE, M.D.

I WILL endeavor, in as brief a space as possible, to make some practical remarks concerning Colorado Springs as a health resort for consumptive patients especially. For what I shall have to say of the climate I shall rely mainly on my own observations, made during the two years that, as an invalid, I have resided there. In regard to the effects of the climate on phthisis, I will try to sum the results of the experiences of the principal physicians of the place, and give them, together with what I have observed. I am not ignorant of the fact that you can find over-painted descriptions of Colorado climate. So you may of every other climate that is supposed to have a beneficial effect on lung troubles. To such a degree have the climatic virtues of different places been lauded, that disinterested physicians have come to have but little more confidence in the greater portion of the statements made in articles written by physicians who reside and practice at these various health resorts, than they have in the exaggerated accounts of the healing powers of some patent medicine; and, as the nostrum is praised simply because it pays, so physicians do not altogether escape suspicion, or even censure, of being influenced by mercenary motives in their comparisons of the relative advantages of different climates. The truth is, it is very difficult not to allow one's-self not to become over-enthusiastic concerning

* Read before the Philadelphia County Medical Society, September 22, 1886.

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the merits of a place in which you find so many who were failing rapidly before leaving their homes, able to enjoy life, live in the open air, and frequently resume business again. That I may escape any suspicion of being influenced by a mercenary motive in writing this paper, I will state, that since I have been at Colorado Springs, I have done no general practice, nor do I intend to resume it there. From time to time, I have had cases of lung trouble referred to me by Eastern physicians, but I have invariably refused to attend them. I am glad to have this opportunity to say that there are a number of good physicians residing there. I have never before been in a place of its size where so much intelligence and talent in the medical profession was to be found. The greater portion of the physicians who reside there have been compelled to go to Colorado on account of their health. Most of them are graduates of some of the best medical colleges East. I am sorry to have to say that you will also find a number of irregular physicians there.

Climate.—I wish to remark, in prefacing this subject, that the longer one has resided in Colorado, the less certain he is regarding weather prognostics there. For convenience sake, the year may be divided into two seasons, the wet and the dry. The former usually begins in April and ends in September or October. From October to April, as a rule, there is no rain. During a large portion of the wet season it is the rule to have daily showers in the early part of the afternoon, lasting from half an hour to an hour, the remainder of the day being clear. In the latter part of June and the early portion of July of the present year, there was a dry spell of several weeks' duration, with almost no rain at all. Most persons who visit Colorado are prepared to expect the daily showers during the rainy season, but what they are not prepared for, and what not infrequently makes many suspicious of the reputed dryness of Colorado weather, is the occurrence, once or twice annually, of rainy spells of weather, lasting two, and sometimes, three days. During a portion of these times it rains as hard as I ever saw it along the Atlantic coast. So much for the rainy season. I have seen it stated that no rain falls there from the last of October till March; yet, during last winter I remember two light showers. They did not last long, nor did much water fall. Some persons who had resided in Colorado Springs for several years, told me that they never had seen rain there before during the winter months. I should not consider these showers of sufficient account to deserve mention, were I not trying to give as accurately as possible, my observations of the weather there for the past two years. No rain fell in the winter of 1884–85. During the winter repeated light snows fall, but they do not lie on the ground long, and evaporation is rapid and the soil porous, so that they disappear without leaving the ground damp for more than a few hours after the snow is gone. While the snow is rapidly thawing in the hot sun, but little water is found on the ground, so that the days and weeks of terrible sludge so commonly experienced in many portions of the country are almost, if not entirely, unknown in Colorado Springs. It is in the cool, dry weather that the air has the most invigorating effects. It sometimes may be said to be crispy and exhilarating. The warm season is much shorter than we find it in Philadelphia. Spring is late, in fact, this season seems to be largely dispensed with, and the change from cool, wintry weather into mild summer heat is not uncommon. The years that I have been in Colorado, cool weather has begun the latter part of August, although it is frequently quite warm in the middle of the day, until late in September or the beginning of October. The warm season is but little over two months' duration. During this season the thermometer in the shade may rise from 90° to 100° Fahr., but, as a rule, only for a few days in succession. The summer just past seems to have been an exception in this respect, for we had a spell of one or two weeks of quite hot weather. During August of 1884 (the time when I first reached Colorado Springs) and the summer of 1885, I did not experience a night that one or two blankets were not necessary. In the hot, dry spell of July of the present year there were several nights that I could not endure a single blanket. From my experience, I should say that it is the exception not to find comfortably cool nights throughout the summer in Colorado. Evaporation is so rapid that the heat is much less oppressive than we find it at the same temperature along the Atlantic coast. I never have found any difficulty in keeping comfortable on the hottest days whilst I was sitting quietly in the shade. The weather rarely gets very cold much before Christmas. Last winter no very cold weather was experienced until the first of January. The

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coldest weather occurs during January and February. The average temperature during these months is not very low (from 25° to 30° Fahr.), but occasionally the thermometer drops to 20° or 30° Fahr. As the heat is less hard to endure, so the cold is less chilling and piercing in a dry than in a damp atmosphere. One will have to visit, in the winter, Colorado or some other place with a similar climate, and experience for himself, before he can realize fully, the difference in temperature between the shade and the sun, even on the coldest winter day. During the winter, with the sun shining brightly, a thermometer exposed to the direct rays of the sun and protected from the wind will rise to 100° to 110° Fahr., whilst the temperature in the shade, probably not four feet distant, will be below 30° Fahr. On several occasions, in midwinter, while I have been sitting in the sun, I have been compelled to use an umbrella for protection, the shade temperature at the time being sufficiently cold to freeze. One of the great advantages of Colorado climate in the winter is the amount of time that invalids can be in the open air, although they may not be able to take much exercise. During the month of February of 1885, there were only three days that I was unable to sit in the open air with entire comfort from about 10 A.M. to 3 P.M. The hours of sunshine in Colorado, during the fall and winter, double, and probably treble, those along the Atlantic coast. The metereological records, where three observations were made daily, show only three cloudy days for some winters. The observations, I have no doubt, are literally correct, but somewhat deceptive, if we were to understand by them that all the days but three of an entire winter were bright and sunny. At the hours when the observations are made the sun may be shining, and twenty minutes after it may be cloudy, as it frequently is. These changes the records do not show. Observations which, when completed, will show the hours of sunshine each day for the entire year, are being made now at Colorado Springs, by means of the sun thermometer. I admit that an entire cloudy day, during the winter and fall is rare, but there are a number of raw and partially cloudy days that are too cold and disagreeable for invalids to be in the open air, unless they are strong enough to exercise sufficiently to keep themselves warm. Besides, there are some windy days that keep the weaker invalids in doors. A few words in regard to sudden changes of temperature. I have not infrequently seen it stated by physicians, that in selecting a climate for consumptive patients we should choose one that is dry, free from high winds and great and sudden temperature changes. If you will reflect, you will realize that where there is but little moisture in the atmosphere there can be but a correspondingly small quantity of the solar heat retained by it, so that after the sun has been shining for a number of hours, and sets, or is hidden suddenly by thick clouds, there must be necessarily a sudden fall in temperature. The sudden changes in temperature may be attended by considerable wind. So common and sudden are these changes in Colorado, during the spring months especially, that no one who is prudent travels far from home or shelter without being prepared for such emergencies. You will find that when you have decided that your patient will do best in a dry climate, you must see to it that he is prepared by a sufficient amount of strength, and good warm underclothing, to endure sudden changes of temperature, if he expects to live much in the open air throughout the year. Of course, if a patient is careful to always be where he can readily obtain shelter, he may not experience much inconvenience from the variations in temperature. Another point: A place that has a dry climate with a loose, porous soil, must, of necessity, have considerable dust stirring during the windy days. A dry climate with a mild equable temperature is a thing that does not exist. Again, in high altitudes the air is more rarefied than at sea-level, and, in consequence, a greater amount of breathing capacity is necessary for a person to breathe with ease and comfort. For the reasons that I have stated, consumptive patients, with little breathing room (unless it can be increased), or in the last stages of this disease, almost invariably do badly in dry, mountainous regions, and die sooner than they will at low altitudes.

The question is often asked, How are persons in apparent health affected on going to an altitude of six thousand feet? I do not believe that persons in a good state of health experience any unpleasant sensations if they are careful not to exercise much on first reaching such an elevation, but the majority of persons visiting Colorado often make the mistake, on first arriving there, of exercising as much, or even

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more, than they were accustomed to do at sea-level. The consequence is, that many such are troubled with irritable heart, shortness of breath after walking, and, what is more common, especially in persons beyond the age of forty, a full sensation in the head, a dull feeling in the ears, with some lessening of the acuteness of hearing. In about two weeks such persons, if they have not continued to take too much exercise, apparently resume their normal condition. I have made a number of observations on the acuteness of hearing in persons who have lived some time in Colorado, and these have led me to believe that this sense is not so acute as we usually find it in persons living in a damper climate. This will be easily accounted for, when we study the effects of the climate on exposed mucous membranes. These are, briefly, dryness, hyperæmia, inflammation, and thickening. The dust, wind, and dry atmosphere undoubtedly are the potent agents in producing these changes. Conjunctivitis, nasal, and naso-pharyngeal catarrh are very common. As a rule, there is not much discharge, the catarrh being of a dry, irritative character. The inflammation usually extends into the Eustachian tubes, and involves the middle ears. The larynx does not escape, and an occasional hacking cough is not infrequent in persons who are otherwise apparently well. From what I have gleaned from the experience of other physicians, as well as what I have observed, I think that all catarrhal affections of the air passages attended with much discharge are benefited, usually, on going to Colorado. My experience has been—and this is in accord with that of most of the physicians with whom I have conversed on the subject—that dry, irritative catarrhal conditions of the upper air passages, and of the middle and external ears, are made worse by residing in Colorado. It seems to be the almost unanimous impression with physicians whose opinions are entitled to consideration, that acute inflammations are sharper, and run a more rapid course, with, I think, less tendency to chronicity, than what we find of the same troubles at sea level. The physician who is sending patients suffering from phthisis to Colorado is desirous to know what cases most probably will do well there, and what ones he ought not to send. In my opinion, no positive information that will avail in every case can be given. Some, apparently the most desperate, do well, and, on the other hand, others which he may have many reasons to believe will be greatly benefited, grow steadily worse, or fail to improve. In trying to give some information that may help the physician to decide, I shall ignore most of the different varieties of phthisis as usually classified. I do this mainly because phthisis is studied clinically rather than pathologically at most health resorts. It must be exceedingly rare that a *post-mortem* examination can be obtained on phthisical cases that die at Colorado Springs, for I have not been able to witness one there. Before endeavoring to specify certain classes of cases for Colorado climate, I wish to state that the physicians there are unanimous in their testimony to the fact that a prolonged residence causes an increased expansion of the chest. I am informed by some of the most careful that the circumference of the chest, on full inspiration, increases from one and a half to two inches during the first year. I think that I am justified in saying that consumptive patients, in the last stages of the disease, especially if weak and nervous, or those who have in addition to their lung trouble an irritable, weak heart, due to valvular lesion or a weakened heart muscle, should not be sent to Colorado. An irritable heart caused by poor nutrition rapidly passes away as the general health is improved. Theoretically, there are two classes of cases that should not be much benefited, if at all, by residing in Colorado; one is plastic bronchitis, the other fibroid phthisis. Of the former, I know of only one physician who has a case. It has not been under his care long, but apparently it is doing well. It is well known that patients suffering from fibroid phthisis may live a long time in damp climates and at low altitudes, especially if the climate is mild. But they do not get well; neither do they in Colorado. There they live comparatively comfortable for a number of years, taking much out-door exercise. The quantity of expectoration is greatly lessened, and its character improved, but increase in fibrous tissue goes on. From the irritative nature of the atmosphere there, we should expect that the increase of fibrous tissue would be more rapid than in a milder and damper climate. It is difficult to say whether the benefits derived from the lessened quantity of secretion, the aseptic condition of the atmosphere, and probably less tendency to bronchiectasis, do compensate for the irritative effects of the

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atmosphere. I have been informed by one of the best and most experienced physicians of Colorado Springs, that he never has known a case of fibroid phthisis to terminate there by the development of tubercles. What the climate seems to offer in these cases is comfort, or amelioration of the effects of the disease—not a cure, and probably not as long a period of life to the patient. I have now to consider cases for which, if other things are favorable, there is little doubt about their being benefited by the climate of Colorado. The early hemorrhagic cases appear to do the best. It is almost, if not the unanimous opinion of the physicians there, that the climate of Colorado is not only not productive of pulmonary hemorrhage in phthisis, but that these hemorrhages are less frequent in a given number of cases than they are found to be along the Atlantic coast, or in the States near the great lakes. I wish to emphasize the fact that these cases must lead necessarily a very quiet life during the first period of their residence in Colorado. It is obvious that if a case that is liable to bleed on slight exertion were to go there and exercise much before the ulcerated portions of the lungs had healed, hemorrhage would result, and probably to a greater extent than it would have done from the same amount of exercise at sea-level. The tendency for ulcerated surfaces exposed to an aseptic atmosphere is to heal, and for this reason hemorrhages in the early stages of consumption are arrested. I have observed that pulmonary hemorrhage is rare there in persons who are prudent. In nearly every instance where pulmonary hemorrhage has occurred—and my own case is not an exception—the patient has had himself to blame for the bleeding. I will say nothing of the influence of the climate and altitude on the production of pulmonary hemorrhage in consumptive persons whose lungs contain large cavities, and who are in the last stages of the disease, for such cases should not be sent to Colorado. The effects of the dryness and aseptic condition of the atmosphere are clearly seen in lessening the secretion in cases where expectoration is abundant. Bronchial phthisis and the so-called catarrhal pneumonias do well. All those cases of phthisis in the incipient stage, provided the temperature is not too high, and the decided fever process is not kept up too long, improve rapidly. Persons suffering from phthisis may have a moderate rise of temperature, extending over a prolonged period, and yet improve in Colorado. The fact that a person has a small cavity in the lung should not prevent his going to a high altitude, provided there is a large portion of healthy lung, and the patient is not too greatly reduced in strength. All those cases embarrassed by conditions favorable for the development of tuberculosis, as indicated by heredity, poorly expanded chest, anæmia, loss of flesh, and often extreme weakness, usually receive great benefit from a prolonged residence in Colorado.

In this connection, I wish to say a few words concerning heart troubles as influenced by the climate and altitude at Colorado Springs. We are told by some writers that all heart affections are increased by the altitude there. To suppose that because a person has a valvular lesion of the heart, he, in consequence, will be unable to live comfortably at an altitude of five thousand or six thousand feet, is an error. I have seen a number of cases of valvular lesions of the heart there, the physicians having been kind enough to allow me to study their cases. I know of a few who have valvular lesions, and who work daily, without experiencing any difficulty. One of these is a poor woman, who works very hard, and is not aware of her heart trouble. One patient of Dr. T's has well marked mitral regurgitation, and suffers from shortness of breath and cardiac asthma, when at Colorado Springs, but when she returns to her husband's ranch in the mountains, at an elevation of about eight thousand feet, two thousand greater than that of the Springs, she feels comfortable. I certainly should not advise any one to go to Colorado for the cure of heart trouble, but when one is compelled to go there, the fact of his having a little roughness at one of the cardiac orifices will not be of itself a positive contraindication to his going. Cases of cardiac degeneration and enervation are the ones that suffer in Colorado, and in these the altitude may prove fatal. So long, then, as a case of valvular lesion of the heart gives rise to no discomfort, the compensatory hypertrophy being sufficient to compensate for the leakage or obstruction, there will be no difficulty, probably, in living at a moderately high altitude. But as soon as the dilatation is greater than the hypertrophy, and the heart muscle begins to weaken, will a valvular lesion be a great obstacle to living in Colorado. Persons affected with fatty degeneration of the heart should

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avoid high altitudes. Irritable hearts, due to a highly sensitive, nervous system, bear exercise very poorly there. Irritable hearts, dependent upon weakness which is removable, do well.

It may be desirable to say a few words in regard to how invalids are affected on first going to Colorado. From what I have learned through the experience of other physicians and from my own observations, I do not believe that persons who are not extremely weak experience any unpleasant sensations. Invalids who go there and exercise too much soon after their arrival, as their feelings often lead them to do, soon begin to feel tired, and, perhaps, short of breath. Should a consumptive patient on reaching Colorado be attacked with spells of shortness of breath, without having exercised, it would be prudent, nay, urgent, for him to get away as soon as possible. Physicians, on sending their patients to Colorado or any other high altitude, should impress upon them the necessity of living very quietly. I am not exaggerating when I state that many cases are made hopeless, annually, by too great and too violent exercise. Horseback riding is for the select few only. Long walks and mountain climbing should not be indulged in for the first year, nor afterward, without the advice and consent of a good physician. It is not infrequently the case that one meets with persons who are quite weak with pulmonary trouble, and who have been sent to Colorado, and told by their physicians to exercise all that they possibly could, and to do considerable horseback riding. Usually, such cases as follow this advice break down rapidly, either from spreading of lung trouble, or from the occurrence of hæmoptysis. Cases, as a rule, will not find an immediate amelioration of their symptoms on going to Colorado, but, on the contrary, cough and expectoration are frequently increased the first few weeks or months. When I went to Colorado I was firmly impressed with the idea that if I ascended the altitude rapidly I should probably bring on a pulmonary hemorrhage. I spent about a week travelling about from town to town in Kansas, until I had reached an altitude of about two thousand five hundred feet, when I determined to go to Colorado Springs at once. When I arrived there, I went immediately to bed, and was unable to tell, from my sensations, pulse, temperature, or respirations, that I was so far above sea-level. I learned from the physicians there that a hemorrhage is the exception in persons just reaching Colorado, especially if they keep quiet. I now believe that if the proper precaution is taken there is no necessity for invalids to ascend the mountains gradually. There certainly would have to be an urgent need to induce me to attempt it again. The great drawback is, that there are but few places after beginning the ascent of the Rocky Mountains where you can be tolerably comfortable before reaching Denver or Colorado Springs. The best time of the year for an invalid to go to Colorado is September. The rainy season is about over, and that portion of the year which is so delightful is just beginning. Patients improve most during the fall and winter months. If they do not lose some during the spring months they are fortunate. Those that are cured by Colorado climate are few in comparison with the many that are benefited and enabled to live comfortably for many years. A small number are able to return East and live, but those who thus venture to do so and break down the second time, receive much less benefit on again going to Colorado. It should be a rule, from which there ought to be as few exceptions as possible, that when a consumptive patient finds a climate that agrees with him, he should there make his home for the remainder of his life.

In conclusion, let me say something of the advantages and disadvantages of Colorado Springs. It has nearly six thousand inhabitants, numerous churches and schools, good hotels, and a number of first-class boarding-houses. There are two parks, and the streets and avenues are wide and shady. The water which supplies the city is the melted snow from the Pike's Peak region, and is as nearly pure as possible, and delightfully cool. It is conveyed several miles through an iron pipe which taps the stream in the mountains above the point of possible contamination from human excrementa. A large proportion of the inhabitants are intelligent, professional, and business men who have been unable to live East. It is very doubtful whether one could find another place the size of it, in this country, where so much intelligence, ease, and comfort exist. A great many there live off the income of capital invested in other sections of the country. It is, in many respects, like a watering-place, and, in consequence, is far from being a brisk, lively, business town. It is possible to get nearly all

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the comforts there that can be obtained in a large city. The disadvantages are very great for those poor invalids who go there hoping to earn their expenses. It costs considerable to live there and fare as well as consumptive invalids should. Table board at the best boarding-houses is eight dollars per week. Board and room vary from ten to fifteen dollars per week. It is very difficult for many to get any thing to do to aid them in meeting their expenses. These facts should be known by consumptive persons in moderate or needy circumstances, before they make the journey of nearly two thousand miles to regain their health in Colorado Springs.

I have endeavored to make my remarks as practical as possible. I trust that I have succeeded without trying your patience.

THERAPEUTIC NOTES.

ANTHRAX.

℞. Acidi carbolici . . . gr. ij.
Chloral hydrat. . . ℥j.
Elixir curacoa . . . ʒiiss.
M. Sig.—Teaspoonful every four hours.

BLACK MEASLES.

℞. Tinct. belladonna . . . ʒss.
Tinct. capsici . . . . ʒj.
Tinct. benzoini comp. . . ʒij.
M. Sig.—Teaspoonful every two hours.

FISSURE ANI.

℞. Ext. belladonna . . . gr. x.
Bismuthi subnitratis . . ʒiij.
Acidi carbolici . . . gr. v.
Adipis . . . . . ʒiss.
Sig.—Apply three times daily.

ERYSIPELAS.

℞. Antimonii et potassii tart. . gr. ij.
Potassii nitratis . . . ʒiij.
Aqua . . . . . ʒij.
M. Sig.—Teaspoonful in water every three hours.

RICKETS.

℞. Tinct. belladonna . . . ♏vj.
Tinct. nux vomica . . ʒj.
Syr. calcii lactophosphatis . ʒiij.
Sig.—Teaspoonful after meals.

PYROSIS.

℞. Acidi carbolici . . . gr. x.
Spts. frumenti . . . ʒj.
Syr. auranti cort. . . . ʒiss.
M. Sig.—Teaspoonful half hour before meals.

CHAPPED HANDS.

℞. Plumbi nitratis . . . gr. xv.
Glycerini . . . . ʒj.
M. Sig.—Apply freely three times a day.

WHOOPING-COUGH.

℞. Tinct. lobelia . . . . ʒij.
Tinct. opii . . . . ʒss.
Syr. Scillæ comp. . . . ʒss.
Syr. tolu . . . . . ʒiiss.
M. Sig.—Teaspoonful every four hours.

ANÆMIA.

℞. Liq. potassii arsenitis . . ʒss.
Strychnia sulphatis . . gr. ¼.
Potassii chloratis . . . ʒiss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls after meals.

DYSENTERY.

℞. Tinct. opii deod. . . . ʒj.
Acidi tannici . . . . ʒij.
Vini portense . . . . ʒiv.
M. Sig.—Dessertspoonful every three hours.

CROUP.

℞. Tinct. aconiti rad. . . ʒss.
Tinct. lobelia . . . ʒiss.
Syr. zingiberi . . . ʒij.
M. Sig.—Teasponful every two hours.

HYSTERO-MANIA.

Dr. A. L. Hodgdon (Maryland Medical Journal), says: The following formula I have found useful as a calmative in hystero-mania (hysterical insanity):—

℞. Ext. cimicifig. . . . fʒiss.
Ext. vibur. prunifol. . . fʒj.
Ext. conii . . . . fʒj.
Tinct. cannab. indic. . . ʒiss.
Syrup . . . . . ʒx.
M. Sig.—Two teaspoonfuls three times a day, and see that its components are thoroughly mixed before exhibiting:

Two of the ingredients of the formula before mentioned—the hemp and the hemlock—are of notoriously uncertain strength. Hence the proportion of each of these drugs to the rest of the prescription must always be governed by their respective strengths, and the mixture should never be administered excepting with extreme caution, carefully watching its effects.

INFANTILE COLIC.

℞. Spts. chloroformi . . . ʒss.
Syr. simp. . . . . ʒiss.
Aq. menth. pip. . . . ʒiss.
M. Sig.—Teaspoonful when necessary.

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TARTAR EMETIC IN LABOR.

Dr. Caleb Green (Philadelphia Medical Times) says tartar emetic is one of our most efficient agents in promoting parturition. When the pulse is tense, the os rigid, the skin dry and hot, the advance of the head slow, I have seen, by the use of small doses of antimony, the most prompt and happy change for the better. The pulse softens, the skin becomes moist, the rigid os relaxes, the vagina becomes bathed in a plentiful supply of mucus, and the uterine contractions hasten on to a speedy termination of the labor.

It is not a substitute for ergot, but it has properties which make it much oftener available as a means of hastening labor to a happy termination. If the dose can be so graduated as to produce its effect as a parturient just short of nausea, and especially short of vomiting, the effect seems to be better than where vomiting occurs.

NERVOUS EXHAUSTION.

℞. Tinct. ignatia . . . ʒiss.
Pulv. myristica . . . ʒij.
Ext. erythroxyli . . . fʒiij.
Sig.—Teaspoonful after meals and at bedtime.

PALPITATION OF THE HEART.

℞. Tinct. veratri viridi . . ʒss.
Tinct. belladonna . . . ♏vi.
Tinct. lobelia . . . ʒss.
Elix. simp. . . . . ʒiiss.
M. Sig.—Teaspoonful three times a day.

FLATULENT COLIC.

℞. Ol. myristica . . . . ʒss.
Spts. chloroformi . . . ʒj.
Spts. frumenti . . . ʒiss.
M. Sig.—Teaspoonful every half hour.

PHARYNGITIS.

℞. Tinct. aconiti rad. . . ♏xx.
Tinct. myrrhæ . . . ʒij.
Tinct. guaiaci ammoniat. . ʒiss.
Syr. zingiberi . . . ʒiij.
M. Sig.—Dessertspoonful every three hours.

IRRITABLE BLADDER.

℞. Tinct. gelsemii . . . ʒss.
Potassii bromidi . . . ʒvj.
Aqua . . . . . ʒiij.
M. Sig.—Two teaspoonfuls every two hours.

PERITONITIS.

℞. Tinct. aconiti rad. . . ʒss.
Morphia sulphatis . . gr. ij.
Syr. auranti cort. . . ʒiij.
M. Sig.—Teaspoonful every two hours.

INTERMITTENT FEVER.

℞. Tinct. veratri viridi . . ♏xxiv.
Quinia sulphatis . . ʒj.
Syr. yerba santa . . ʒiss.
Elix. simp. . . . . ʒiss.
M. Sig.—Two teaspoonfuls every three hours.

HÆMOPTYSIS.

℞. Tinct. veratri viridi . . ♏xv.
Tinct. matico . . . ʒj.
Vini portense . . . ʒiij.
M. Sig.—Tablespoonful every hour.

NEURALGIA.

℞. Tinct. aconiti rad. . . . ʒss.
Ol. menth. pip. . . . ʒss.
Spts. chloroformi . . . ʒj.
M. Sig.—Apply externally.

DYSMENORRHŒA.

℞. Ext. cimicifuga . . . fʒiss.
Vinii colchici rad. . . ʒij.
Elix. simp. . . . . ʒj.
M. Sig.—Teaspoonful every three hours.

ASTHMA.

℞. Potassii iodidi. . . . ʒiss.
Tinct. lobelia . . . ʒiij.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful every two hours.

URTICARIA.

℞. Antimonii et potassii tart. . gr. ss.
Magnesii sulphatis . . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls every two hours.

GASTRALGIA.

℞. Tinct opii . . . . ʒj.
Tinct. hyoscyami . . . ʒss.
Aqua lauro-cerasi . . . fʒij.
M. Sig.—Teaspoonful every four hours.

GOUTY BRONCHITIS.

℞. Potassii bicarb. . . . ʒss.
Vini colchici rad. . . . ʒij.
Mist. glycyrrhizzha comp. . ʒij.
M. Sig.—Teaspoonful in water every three hours.

JAUNDICE.

℞. Aloini . . . . . gr. j.
Vini colchici rad. . . . ʒiss.
Ext. taraxici . . . . fʒij.
M. Sig.—Teaspoonful every four hours.

LARYNGISMUS STRIDULUS.

℞. Morphia sulphatis . . gr. ss.
Chloral hydrat. . . . ʒj.
Syr. simp. . . . . ʒiij.
M. Sig.—Teaspoonful every hour.

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CAPSICUM.

CAPSICUM though somewhat neglected is one of the most important remedies in the materia medica. It has no superior as a safe and effective general stimulant. It increases the secretion of the salivary glands, promotes the formation of gastric juice, and increases the secretion of the intestinal glandular system. It accelerates the heart's action, increases arterial tension, and produces a feeling of warmth and well-being throughout the entire system. It increases the urinary and cutaneous secretions, and acts as a stimulant to the organs of reproduction. It is invaluable in the treatment of atonic dyspepsia, and in the apepsia of chronic alcoholism. It is the most efficient agent that can be used to overcome the craving for alcohol in dipsomania. It is also useful in the treatment of the opium habit. Incipient delirium tremens may be prevented, and a pronounced attack aborted, by the administration every hour of half-drachm doses of the tincture of capsicum, or from twenty to forty grains of the powder. Gastralgia, enteralgia, and flatulent colic may be readily relieved by a few five-minim doses of the tincture. Capsicum is effective in the treatment of flatulent dyspepsia, hysterical flatulence, and the tympanites of typhoid fever. It is also valuable in the latter disease, and in typhus and other low forms of fever as a general nervous and cardiac stimulant. It is one of the most potent remedies that we possess for cholera morbus, cholera infantum, and Asiatic cholera. Diarrhœa and dysentery, especially when due to the presence of fermentative material in the alimentary canal, may be quickly checked by large doses of capsicum. It will also be found of benefit in chronic malaria. It is more effective than any other remedy in the treatment of the asthenic types of scarlet fever, diphtheria, smallpox, and other zymotic diseases. In phthisis, leucæmia, anæmia, and chlorosis, it stimulates the appetite, promotes digestion, and increases the activity of the blood-producing organs. It is also valuable in the treatment of amenorrhœa of thin, pale, or nervous subjects. In these cases the tincture should be given in five-minim doses three times a day for a week before the time at which the menses are expected to appear.

Capsicum is invaluable in the treatment of functional impotence, and the impotence of nervous subjects. It is also of service in spermatorrhœa, prostatorrhœa, leucorrhœa, and chronic cystitis. It may be added with advantage to the various expectorant mixtures employed in chronic bronchitis. It is also serviceable in chronic constipation, and in the treatment of hæmorrhoids when due to a relaxed condition of the rectal mucous membrane. A gargle composed of one drachm of the tincture of capsicum, two drachms of salt, and half a pint of water, will be found beneficial in chronic pharyngitis, relaxation of the uvula, and in hoarseness due to a relaxed condition of the vocal chords.

External applications of capsicum are valuable in the treatment of hysterical paralysis, lumbago, chronic rheumatism, torticolis, neuralgia, and stomachic and intestinal colic. The tincture is an excellent application to indolent ulcers and unbroken chilblains.

THE TREATMENT OF SCARLET FEVER.

THE first aim in the management of scarlet fever cases should be to prevent the further spread of the disease. The patient should be placed at once in a large, well-ventilated room, from which all carpets and unnecessary articles of clothing and furniture have been removed, and from which all persons must be excluded except the physician and nurse. As the contagion resides in the secretions of the patient, as well as in the scales which are cast off during the process of desquamation, the urine and sputum, as well as the discharges from the bowels, should be sprinkled with sulphate of iron, or some other

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disinfectant before being thrown into the water-closet. All scales should be collected and burned. In addition, the entire surface of the patient's body ought to be thoroughly anointed every day with cocoa butter, cold cream, or cod-liver oil. These oily unctions will be found to be sedative and grateful, as well as effective in preventing the scales from mingling with the atmosphere of the room.

Medicinally, the endeavor should be, first, to lower the temperature of the patient; second, to lessen the force and frequency of the cardiac movements; third, to moderate the throat symptoms; fourth, to maintain the nutrition of the patient, and, fifth, to prevent the development of renal and other complications. It is neither advisable nor necessary, however, to prescribe different sets of remedies for each of the symptoms of the disease. The rapid pulse and the pyrexia react upon each other, and combine to aggravate the swollen and painful condition of the pharynx and tonsils. In ordinary cases—in which the pulse varies from 120 to 140, and the temperature ranges from 101° to 103° Fahr.—the most gratifying results can be obtained from the administration every three hours of from twenty drops to a teaspoonful of the following combination, according to the age of the patient:—

℞. Tinct. aconiti rad. . . . ℥ss.
Potassii chloratis . . . ℥j.
Syr. simp. . . . . ℥ij.

A purgative dose of calomel and soda, or calomel and resin of jalap should also be given in the beginning, and the bowels kept soluble during the course of the disease by the use of saline laxatives.

In the severer grade of cases, in which the temperature rises to 104° or 105° Fahr., and the pulse varies from 130 to 160, the aconite should be increased in quantity and given every hour until a decided impression has been made upon the pulse-rate. An ice-bag should also be kept constantly applied to the head, and a drastic purge, consisting of an ounce of magnesia sulphate, or two drachms of compound jalap powder should be given immediately, and repeated in four hours unless copious intestinal evacuations have occurred in the meantime. The severity of the throat symptoms in this class of cases can be abated considerably by applying ice-cold cloths to the neck, and by permitting the patient to swallow small pieces of ice.

In the malignant variety of the disease when the temperature frequently reaches 106° or 108° Fahr., the same line of treatment must be carried out but with greater energy. The patient should be stripped, an ice-cap placed upon his head, and affusions of ice-water applied to the entire surface of the chest and abdomen until the fever has receded several degrees. Full doses of aconite should then be administered at frequent intervals until the pulse and temperature reach the safety limit. Free purgation is also indispensable. Tincture of veratrum viride, from a half to five drops, or tincture of pulsatilla, from one to ten drops, may be substituted for aconite if desired, but no benefit need be expected in cases of the asthenic type from the employment of iodine, carbolic acid, opium, or carbonate of ammonia. Stimulants are not only useless but positively injurious. Chloral is occasionally of service in quieting delirium and producing sleep, but it has no value as an antipyretic. In cases in which the tonsils, uvula, and the back of the pharynx are covered with a thick, yellowish, offensive deposit more benefit can be obtained by the occasional administration of an emetic of ipecac, apomorphia, lobelia, or salt and water, than by any form of local applications.

In cases of the asthenic variety, characterized by a weak, tremulous, and rapid pulse, low delirium, and irregular development of the eruption, aconite and veratrum should be discarded, and reliance placed upon belladonna, capsicum, nux vomica, turpentine, and other stimulants to the cerebro-spinal and vaso-motor systems. Carbonate of ammonia and small doses of opium may also be given with advantage in this form of the disease.

Diet is of the utmost importance in the treatment of all cases of scarlet fever. The disease is frequently a protracted one in which the vital powers are taxed to the utmost extent. The patient should be given a cup of warm milk, a small quantity of milk-toast, or a cup of beef-broth, well salted and peppered, every four hours; grapes, oranges, and apples, may also be partaken of with benefit.

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When the fever declines and desquamation begins, care must be taken to prevent the kidneys from being called on to do more than their share of the work of eliminating the products of disease from the system. This can be done most certainly by keeping the patient warm and the skin active, and administering a sufficient quantity of magnesia sulphate or other saline laxative to secure two or three intestinal evacuations daily until convalescence has been fairly established. The tincture of the chloride of iron, alone or combined with nux vomica, should then be given for several weeks.

When renal engorgement occurs, resulting in dark-colored albuminous urine and more or less anasarca, copious diaphoresis and free purgation should be procured.

CORRESPONDENCE.

OUR PARIS LETTER.

EUDOXIE HELOUIN, THE CATALEPTIC OF THE SALPETRIERE — HYSTERICAL APOPLEXY — DISAPPEARANCE OF HYDROPERITONEUM IN HEPATIC CIRRHOSIS—PUNCTURING THE UTERUS IN ACUTE HYDRAMNIOS—PNEUMOTOMIA —PNEUMOTHORAX IN CHILDREN — RECTAL INJECTIONS OF MEDICAL GASES.

Eudoxie Helouin, the patient at the Salpêtrière Hospital who has just woke up after eighteen days' sleep, entered the Salpêtrière Hospital in 1862. Her mother died from cancer of the stomach. During six years she was subject to epileptic attacks, but these occurred after the birth of Eudoxie. This patient cannot give any information concerning her childhood, whether or not she had convulsions, all she remembers is that she cried and laughed without cause. When she was eighteen years of age epileptic attacks came on, under what circumstance is not known. At nineteen she was treated for gastritis; at twenty she miscarried at the fifth month of pregnancy. She was ill during the eight months that followed, and suffered from frequent uterine hemorrhage. During pregnancy she suffered greatly from nausea, but her epileptic fits were not modified. After a series of these attacks, which occurred when Eudoxie was twenty-two years old, she became paralytic, and remains so. Her first entry at the Salpêtrière was for the purpose of being treated for paralysis. Her lower limbs were perfectly rigid; she suffered acute pain in the knee, and the left knee was considerably swollen. She was cupped, the marks of cicatrization are still visible; she then went from hospital to hospital, and in 1865 was attacked by cholera. In 1866 she again entered the Salpêtrière Hospital. She had grown very obese, the abdomen had greatly increased in size; she scarcely ate anything. On the left side of the abdomen there was dulness on percussion; examining the patient produced what, coupled with her obesity, rendered it impossible to ascertain the cause of the symptoms, whether there had been peritonitis or an ovarian cyst. The patient could move her arms freely, but the lower limbs were paralyzed. On the 7th of May, 1875, Eudoxie fell asleep, after taking a purgative. The face was calm, the eyelids frequently quivered, and did not always close and hide the globe of the eye. When her head was shaken she awoke easily, and said she did not dream. On the afternoon of the same day she slept a long time; on the 8th she frequently fell asleep, and was easily awakened; on the 12th her sleep persisted, and continued until the 27th. The following day, the 28th, she made a meal, after it laughed violently, and then became delirious. The next morning, the 29th, her upper and lower limbs were rigid, but not her feet. Last January she slept during fifty days. She has now just awakened from a sleep of eighteen days. During her attack of somnolence Dr. Voisin placed on her skin, without saying anything, an emetic well wrapped up. This did not produce any effect, it was removed, and replaced by a piece of paper, carefully folded and quite empty. On placing it Dr. Voisin said, "You will see the effect of this emetic I have placed on the patient's epidermis; she will certainly vomit." Ten minutes afterward the patient was sick, which proved that during her sleeping fit she could hear. The day after she awoke, she was given an empty glass, which she was told contained champagne, and a piece of aloes as sugar. She made a grimace on eating the piece of aloes, two or three times simulated emptying the glass, and then manifested the symptoms of drunkenness. Since Eudoxie has awoke the last time, she eats, drinks, sleeps, and cuts her nails, but her mental condition is not normal. She is now fifty-one years of age.

Cases of hysterical apoplexy have not yet been described, nevertheless they are by no means of rare occurrence. At a recent meeting of the Société Médicale des Hôpitaux, M. Debove communicated the following facts. On the 10th of July a healthy man, 31 years of age, suddenly became insensible as he was leaving the dinner table. He remained in a comatose condition for twelve hours. On recovery he presented motor paralysis of the left side. There was an absence of convulsions. The following morning when he appeared at the hospital there was motor

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paresis on the left side, accompanied with hemianæsthesia. All the symptoms of the case established the diagnosis of ordinary apoplexy. M. Debove believes it to be hysterical apoplexy. The patient was certainly strong and robust, and not suggestive of hysteria. Nevertheless, on the left side, the skin, mucous membranes, the ear, and muscles were insensible, the pupil was contracted; the patient was unable to detect violet, and presented monocular polyopia. On applying a magnet, anæsthesia shifted from the left side to the right. On repeating the experiment the left side became anæsthetized, and the right side presented its normal sensibility. When there is absence of organic lesion, motor paralysis is generally co-existent with sensory paralysis of the region attacked. Professor Charcot admits two varieties of anæsthesia—one hysterical, another organic—this latter is rarely met with. M. Debove's view is supported by a note by M. Vulpian, which has appeared in a medical paper. The patient referred to in it presented hemianæsthesia, preceded by sudden loss of consciousness; these and other symptoms had led M. Vulpian to localize the cerebral lesion. At the necropsy the two cerebral hemispheres were completely normal. M. Debove, in consideration of the phenomena of restoration, transference, oscillation, and anæsthesia exhibited by this patient affirms that the case is one of nervous apoplexy. Notwithstanding the etiological objections to the word "hysteria," it may be called hysterical apoplexy, as it is a term under which is included a certain class of symptoms similar in kind. Hysterical apoplexy with anæsthesia is not astonishing. M. Debove reminded the meeting, that quite recently in some cases of anæsthesia from intoxication, either alcoholic, mercurial, or from lead poisoning, the anæsthetic condition was connected with hysteria; the anæsthesia was rather symptomatic anæsthesia, than toxic anæsthesia.

M. Dujardin-Beaumetz has noted in his wards a very interesting case. A patient, 38 years of age, was suffering from cirrhosis, accompanied with considerable ascites when he entered the Cochin Hospital. Five litres of fluid were removed by means of a puncture. The diagnosis made was atrophic cirrhosis. The cachectic condition gradually disappeared, the patient became stronger, and the general condition improved. Ascites did not reappear; the patient appeared cured and was allowed to leave the hospital. He immediately resumed his habit of getting drunk, was found insensible on one of the boulevards, and was removed to the hospital where he died of pneumonia. The necropsy revealed the presence of pulmonary lesions and hepatic cirrhosis. Microscopic examination confirmed the accuracy of a microscopic examination. M. Dujardin-Beaumetz in treating the case remembered that cirrhosis is most often cured after a crisis—after exaggerated diarrhœa, for instance—and that Dr. Pouletfele Planchercles Mines has recently prescribed hippurate of lime for hepatic cirrhosis, he therefore administered to his patient a syrup composed as follows: Hippuric acid, 25 grammes; milk of lime (lait de chaux) sufficient to neutralize lime water; 500 grammes syrup of sugar; 600 grammes spiritus citrus. This was given in doses which insured from four to eight grammes of hippurate of lime being taken daily. M. Beaumetz cannot assert that this mixture has any curative power, but it is perfectly harmless, and may be generally tested. Doctors do not agree as to the time when the tapping ought to be effected. When hydroperitoneum accompanies cirrhosis, some say as soon as a certain quantity of fluid is accumulated; others advise it only when there is compression and asphyxia is threatened. M. Dujardin-Beaumetz believes that a puncture ought to be made as soon as ascites reaches a certain development. At a recent meeting of the Société Médicale des Hôpitaux, M. Troisier showed a patient he believes to have hepatic cirrhosis; ascites after being abundant disappeared. At the time he entered the hospital there was considerable œdema of the lower limbs and acute ascites. The subcutaneous abdominal veins were much swollen, and the patient owned to drinking on an average three litres of wine a day, nevertheless he did not present any symptoms of alcoholism. A few days after his entry at the hospital ascites increased and pushed upwards the diaphragm; the fluid present was estimated to represent four litres. The patient was put on milk diet; the urine passed rose from five hundred grammes to five litres and a half. Eight days later on the abdomen regained its normal volume, and ascites have not reappeared. The liver and spleen are slightly hypertrophied, the complexion is yellowish and the patient is thin, he nevertheless appears to be getting cured of cirrhosis.

M. Tillaut's wards are always fruitful in clinical teaching; at the present moment a most interesting case can be studied there. A woman, 37 years of age, apparently of a healthy temperament, was sent to the hospital by two doctors in private practice. Her abdomen had assumed such proportions that she could scarcely breathe; she stated that she believed she was pregnant; it was five months since she had menstruated; she had had five children, two of these were twins which lived only twenty days; delivery was always easy without any complication or consequent troubles. Since the last delivery she was susceptible to the influence of cold; when the abdomen became cold it became swollen and painful. Its enormous increase in size was

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rapidly attained. The diaphragm was pushed upwards and threatened the patient with asphyxia. It was difficult to ascertain whether the tumor was present previous to the disappearance of her menses; the patient's answers to questions made, encouraged the belief that a tumor was present at an earlier period than five or six months before her appearance at the hospital. When M. Tillaut examined the tumor he ascertained that it was full of fluid. A few days after this first examination, on the left side and in front, certain symptoms were observed which were opposed to the hypothesis of a unilocular cyst; the hypothesis of amniotic dropsy was suggested but not admitted. A few days later on the patient was examined and the signs were favorable to the belief in the presence of a unilocular cyst, the surface was equal and the resistance uniform. An operation was necessary, the patient was almost suffocated, could neither eat nor sleep. The patient was tapped, the fluid that escaped was clear, slightly yellow, free from viscousity, which suggested that it was amniotic. M. Tillaut, whilst allowing the fluid to escape, kept his hand on the surface of the tumor and felt it harden and contract similar to uterine contraction when parturition commences. The patient declared she suffered pain similar to labor pains at the onset. This enormous tumor, which contained at least twenty litres of fluid, was a uterus dilated at the fifth month of pregnancy by subacute hydramnios. M. Tillaut decided that in the interest both of mother and child he ought to diminish the quantity of amniotic fluid, but, nevertheless, ought to leave a sufficient amount that the infant should be surrounded by normal conditions; seven litres were withdrawn, the patient was much relieved, collodion was painted over the orifice left by the trocar, a hypodermic injection of half a centigramme of morphine, and an injection containing laudanum stopped the uterine contractions. The patient continues in a satisfactory state, the fœtus moves; the mother declares it to be very vigorous.

At a recent meeting of the Paris Surgical Society, M. Reclus described a case which showed that the diagnosis of pulmonary hydatid is sometimes excessively difficult. A hydatid cyst of the chest was diagnosed in a young girl by means of making an exploratory puncture, the contents of the cyst were vomited by the patient, and it was believed that she had a pulmonary cyst. In order to open the sac more completely, M. Reclus performed resection of the twelfth rib; this operation showed that the patient was suffering from hepatic cyst and was subsequently cured.

M. Moutard Martin, It was stated by M. Bouilly, had performed thoracentesis on a patient who it was believed presented empyema, and he discovered that a hepatic hydatid tumor had opened into the bronchi; the sac was lined with pulmonary tissue.

At a recent meeting of the Société Médicale des Hôpitaux, M. Sevestre read notes of two cases of pneumothorax observed in children of sixteen months old. The author's investigations on this subject demonstrate that this affection occurs much more frequently among children than is supposed, and that the symptoms it exhibits are the same as those presented by adults.

Rectal injections of medical gases as a method of treatment are based on a physiological principle established by Claude Bernard, that the introduction per rectum of toxic substances is not dangerous as long as pulmonary elimination is perfectly normal. Dr. Bergeron has adopted this method of treatment in several affections and publishes the results obtained in pulmonary phthisis. A current of from four to five litres of carbonic acid gas is passed through 250 to 500 grammes of mineral water containing sulphur (Eaux Bounes, Allevard, Saint Honoré, Challes), and then introduced into the rectum. In the course of twenty-four hours two injections are made. After two days had elapsed, this treatment had cured the cough which had troubled the patient, expectoration was modified in quantity and character, the profuse perspiring of phthisical patients was removed, general condition improved not only in phthisis at the onset, but also in confirmed phthisis. Daily auscultation showed that the râles gradually disappeared.

MEDICAL NEWS AND MISCELLANY.

DR. A. H. BECKMAN has removed to 525 Catharine Street.

DR. ADDINELL HEWSON, JR., has removed to 1816 Spruce Street.

DR. A. R. SMART has removed from Hudson, Mich., to Toledo, Ohio.

DR. PETER MCCAHEY has removed to 304 North Eighteenth Street.

DR. WILLIAM DELKER (Class of 1884) was married on September 15th to Miss Laura V. Woodward, of Ellisdale, N. J.

DR. P. R. KOONS, President of the Class of 1879 (Jefferson), is enjoying a large and lucrative practice in Mechanicsburg, Pa.

DRS. WILLIAM H. WARDER and E. E. MONTGOMERY have established a Private Hospital for Women at 1401 North Sixteenth Street, Philadelphia.

DR. S. O. L. POTTER has been elected to the Chair of Theory and Practice of Medicine, in Cooper Medical College, San Francisco, Cal.

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THE numerous friends and admirers of Dr. Morris P. Henry will be gratified to learn that he has returned from Europe renewed in health, after a much-needed period of rest from professional cares, and has resumed practice at his residence, 581 Fifth Avenue, New York.

THE AMERICAN ACADEMY OF MEDICINE has elected the following officers: President, Dr. L. P. Bush, Wilmington, Del. Vice-Presidents, Dr. R. Lowry Sibbett, Carlisle, Pa.; Dr. Samuel J. Jones, Chicago; Dr. Phineas T. Connor, Cincinnati; Dr. Virgil P. Gibney, New York. Secretary and Treasurer, Dr. R. J. Dunglison, of Philadelphia.

THE PHILADELPHIA SCHOOL OF ANATOMY.—This flourishing institution, which is now under the guidance of Dr. Henry C. Boenning, Demonstrator of Anatomy in the Medico-Chirurgical College and Philadelphia Dental College, offers unusual facilities to students of medicine and to practitioners desirous of refreshing their anatomical knowledge or pursuing special inquiries.

COCAINE ADDICTION.—If any reader of your journal has met with a case of cocaine addiction and will send me the fullest details at his command, I'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper.

J. B. MATTISON, M.D.

BROOKLYN, 314 State Street.

PERSONAL JOURNALISM.—Dr. Shrady, editor of the Medical Record, continues his personalities in the pages of that journal. Before he prostitutes its columns to such purpose, he had better look over his own record, and reflect by what discreditable means he forced himself into General Grant's case, the story of which we could tell if we felt like imitating his example.—*Medical and Surgical Reporter.*

NEBRASKA STATE MEDICAL SOCIETY.—At the late annual meeting of this society the following officers for the ensuing year were elected: President, Richard C. Moore, M.D., of Omaha; 1st Vice-President, Milton Lane, M.D., of Lincoln; 2d Vice-President, M. J. Donaldson, M.D., of North Platte; Corresponding Secretary, H. B. Lowrey, M.D., of Lincoln; Recording Secretary, A. S. von Mansfelde, M.D., of Ashland.

GIVE US THE NAME.—The American Practitioner and News says that "a well-known American physician wrote to us from Berlin that he had come in contact with medical men in Bremen, Hamburg, Dresden, Munich, Vienna, and Breslau, and that everywhere he found the profession felt very little inclination to incur the trouble and expense of a trip across under such damaging auspices to attend the Congress," and he adds, "my replies to the questions only corroborated previous impressions." This sounds so like the reported efforts of Dr. Mundé in this direction, that we would call for the name of the man. Stamp the man who will go out of his way to assail and help break down the profession of his country. Shame on such a man! Give us his *name!—New England Medical Monthly.*

A NEW HYPODERMIC POCKET-CASE.—We have received from Messrs. Burroughs & Wellcome, Snow Hill, London, a new hypodermic pocket case, with a syringe made of solid silver. The pocket-case is much smaller than those usually met with, and has space for from ten to fifteen varieties of hypodermic tabloids in a leather cover of the following dimensions—three and a quarter by two and a half by three-quarters inches. The syringe is made of solid silver throughout, and is, therefore, non-corrodible. It is inclosed in a solid silver case, which protects it, and prevents the drying of the piston packing. It is an instrument which may be relied upon in cases of emergency when other syringes are so likely to be found broken, or with dried up packing or rusty needles. The cap of the case answers admirably for a mortar in which to crush and dissolve the tabloids, while the piston-rod and handle answer for a pestle. The price of the case complete with syringe, and twelve tubes of tabloids, is twenty-five shillings. It is a model of compactness and fitness.—*British Med. Jour.*

AN UNFORTUNATE POSITION.—The old adage that "chickens come home to roost" seems to be realized by the Jefferson Medical College of Philadelphia.

At the time of the reorganization of the Committee of Arrangements of the Ninth International Medical Congress, as directed by the American Medical Association, at its meeting at New Orleans, and after the first meeting of that committee at Chicago, at which time certain changes were made in the distribution of the offices of the Congress so that the *whole* country would be represented instead of only a small portion, all of the gentlemen who were appointed by the first, or Billings-Hays Committee, belonging to Jefferson Medical College, resigned. After a time they commenced a series of persecutions against any of the faculty or any one of the corps of lecturers who took any part in the new work of reorganizing the Congress as directed by the parent Association.

The outcome of this was, Drs. Pancoast, Shoemaker, and Atkinson were forced to resign. We speak advisedly and authoritatively when we say *forced* to resign. But the persecution did not cease here, but personal abuse was resorted to, falsehoods concocted and retailed, and personal character was assailed.

At home, where these gentlemen are so well known for their high professional attainments,

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executive ability, well-known probity, and high social and professional position, and where the animus which prompted these slanders was well known, they fell flat and did not avail, but imagine our surprise, while abroad, when we found that in order to injure the Congress, and do all they could to interfere with its success, these stories had been retailed over there, by these gentlemen, *ad nauseam*. Now we see that Jefferson Medical College finds itself upon the defensive, with a most unpleasant prospect before it. The indignation of the profession throughout the country, resenting this outrage upon decency and good order, its depleted list of students, and the bad odor which it finds itself in generally, brought out a protest from its Dean, in the shape of a letter to Daniel's Medical Journal of a recent date—a letter which is a humiliating confession of weakness and subterfuge. Surely how low are the mighty fallen, and what an important lesson it conveys! The moral is apparent. Surely the position is most decidedly unfortunate, and we shall look with interest to see how the College will recover its old position.—*New England Medical Monthly.*

THE CAUSATION OF PNEUMONIA.—In Science for August 13, 1886, p. 133, I notice a paragraph relative to results of observations by Dr. Seibert of seven hundred and sixty-eight cases of pneumonia, wherein it appears that pneumonia prevails to its greatest extent "whenever there exists a low or falling temperature, with excessive and increasing humidity, and high winds." This reminds me that readers of Science may be interested to know that facts respecting a very much larger number of cases, and respecting pneumonia in different parts of the United States, in England, and in India—that is to say, in several climates and under different conditions—confirm to some extent the conclusions reached by Dr. Seibert, as mentioned by Science. Such statistics, presented by abstract at the last meeting of the American Climatological Association, demonstrate, I think, that the sickness from pneumonia is absolutely controlled by the temperature of the atmosphere. The higher the temperature, the less the sickness from pneumonia; and the lower the temperature, the more the sickness from pneumonia. This is equivalent to saying that that part of the conclusion of Dr. Seibert which relates to humidity is an error; because the absolute humidity of the atmosphere is, speaking roughly, directly as its temperature, and there is most sickness from pneumonia when, or soon after, the air is driest absolutely; and there is least sickness from pneumonia when, or soon after, the air contains the most vapor of water—that is, when the temperature is highest. The error of many who have written on this subject, and probably the error of Dr. Seibert, consists partly in calling the "per cent. of saturation of the air" (technically known as "the relative Humidity") the humidity of the atmosphere. But the curve for "relative humidity" is not, when inverted, the same as the curve for pneumonia, as you may see by comparing such curves, on the diagrams I prepared, based upon over twenty-seven thousand weekly reports of sickness in Michigan, by observers in different parts of the State, and upon over one hundred and twenty thousand observations of the psychrometer during the same time—namely, the seven years, 1878–1884. Relative humidity seems to have an opposite relation in the warm months to what it has in the cold months. The fact, which I think I have completely demonstrated, is that, in any given place wherever studied, pneumonia is quantitatively proportional to the coldness and dryness of the atmosphere; and, as this is true for every month of the year, it follows that, if there is any pneumonia which is infectious, it is absolutely dependent upon those meteorological conditions for its action upon the human organism.

In the paper to which I have referred I have advanced a theory of the causation of pneumonia consistent with the facts demonstrated; and, briefly outlined, it is as follows: Air expired from the human lungs is nearly saturated with vapor of water at a temperature of about 98° F., and this contains about 18.69 grains of vapor in each cubic foot. The quantity of vapor exhaled is at all times greater than the quantity inhaled; but, when the air is very cold and dry, the quantity exhaled is excessive, as may be seen when we reflect that air at 32° F. can contain in each cubic foot only about two grains of vapor. The fluid which passes out from the blood into the air-cells of the lungs, and which normally keeps them moist, contains some of the salts of the blood; and the chloride of sodium, not being volatile, is mostly left in the air-cells when the vapor passes out with the expired air. When the air inhaled is excessively dry (as it always is when excessively cold), this salt collects in the air-cells of the lungs in considerable proportion. This is proved by my statistics, which show the increase of pneumonia at such times, taken in connection with the fact that chloride of sodium in the lungs is in excess in pneumonia, which was proved in 1851 by Lionel S. Beale, M.D., of London, England. Dr. Beale also verified the observations by Redtenbacher, made in 1850, that during the onward progress of pneumonia the chlorides disappear from the urine, and reappear when convalescence has been established. In the air-cells, the chlorides are irritating when they become concentrated; but the exudation of fibrin, which is the most prominent condition in pneumonia, is probably favored by a fact in osmosis which is not generally well understood

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—namely, that albumin, which it is usually considered will not pass by osmosis, will pass through an animal membrane to a solution of chloride of sodium. Thus the causation of pneumonia by the inhalation of cold, dry air seems to be completely worked out. As a cause of deaths, pneumonia is one of the most important diseases. It is hoped that its prevention may now begin.—HENRY B. BAKER, M.D.—*Science.*

DILATATION OF THE COLON.—Dr. J. S. Jewell recently read a valuable paper before the Chicago Medical Society upon "Overfilling and Dilatation of the Colon." During the last eight or ten years he had accumulated a list of over five hundred carefully studied cases, in which the condition named existed, and concerning which he gave his observations. His mode of investigating the cases in which the overfilling existed has been as follows: The patient is stripped so that the abdomen is bare, the abdominal walls being relaxed. Then he takes a plate of soft rubber, at least two inches in length by an inch and a half in breadth and one-quarter inch in thickness, and a heavy steel hammer, quite as heavy as the ordinary surgical bone hammer. With this the abdomen is carefully percussed over the track of the colon, from its origin, tracing it up under the liver, across and down to the sigmoid flexure. Thus percussing over the track of the colon, and carefully locating every mass of feces (even in persons with fleshy abdominal walls), he has been able to get at its course and contents. Out of these five hundred cases, perhaps a hundred have said they were as "regular as clock-work" in having movements from the bowels. But, upon examination in most such cases, the colon was found to have variable quantities of fecal material lying in it. The part of the colon most subject to dilatation is the sigmoid flexure and the descending colon. At the flexure of the colon, deep in the left hypochondriac region, almost as frequent as in any other part of the course of the colon, he had found it dilated and filled with fecal matter. The next most common situation is the transverse colon, last of all the cæcum. In one case where the colon was very largely dilated, during the thirty or forty hours that were devoted to emptying the same (not continuously but at different times), two gallons or more of material were removed. The common way is to find masses of feces lying in lumps here and there, not filling the entire intestine.

In one case a mass was removed from the right extremity of the colon by massage and flooding the colon its entire length with water. The fact that this mass had remained in the colon for more than nine months was ascertained in this way: The patient had taken a dish of dewberries, such as appear in the fall after the ordinary blackberry has passed its season. He was in ill health, and, growing worse during his visit, returned home. This was in September. Dr. Jewell saw him early in June following. When the mass was removed it was found to be more or less filled with the seeds of the dewberry, and according to his own account he had not taken berries of any kind since the September previous, certainly no dewberries. This mass was about the consistence of soft putty and the size of a large Irish potato.

In most cases investigated the colon was dilated apparently, in some part or other, all the way from two to three times its proper calibre. This class of patients are all liable to become "bilious," and are habitually taking cathartic pills, mineral waters, etc. In nearly every instance Dr. Jewell could trace their "biliousness" to gradual filling up of the colon, and the disturbance produced from this cause in the digestive apparatus higher up. The change in the secretions of the mouth, the bad breath, the unhealthy odor of the skin produced by absorption of fetid substances from the rotting masses in the intestine, together with the coloring matter in the same, gives the skin of the patient a peculiar dirty, sallow color. One of the first things to occur, in addition to the dilatation and weakening of the muscular coat of the colon by accumulation of material in it, is irritation of portions of the mucous membranes where the fecal masses lie, producing local catarrhs. This occurs with a frequency and to an extent that no one would suspect, unless they set the patient or nurse to carefully watching the stool. The next important factor in these cases is irritation of the peripheral ends of the sensory nerves of the intestinal mucous membrane, irritated by contact with the fecal masses. The nerves that return from the colon probably enter the spinal cord at a level not lower than that of the tenth or eleventh dorsal vertebra. Above the level named they probably enter the cord at various points higher up in the lower two-thirds of the dorsal cord, not to mention direct medulla connections, etc. Along these nerves are propagated the irritative impressions from the colon into the spinal cord or medulla, and thereby "switch" connections, outgoing or reflex impulses are sent to other portions of the body, producing thus various forms of disorder to be referred to later. He believes that he has not found one case out of twenty of ordinary melancholia that has not had its origin partly, or in some cases apparently entirely, in overfilling of the colon. Headache, and a great many transient disorders referred to the head, more frequently owe their origin to this source than he had ever supposed, next to the influence upon the circulation in general, especially upon the heart's action, by lowering its tension and thus giving a feeble pulse.

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Dilatation of the colon often causes a sluggish capillary circulation, and this accounts for the frequency with which patients complain of cold extremities. Dr. Jewell has found patients who could not remember having had naturally warm feet for years, when upon removal of the masses in the colon the feet would become warm. In insomnia he has found the condition of the colon described to be a frequent cause, the colon being the seat of the original disorder. There is lowering of the vascular tension nearly always in these cases, hence the feeble nutrition and feeble circulation in the brain, not to mention other parts. The next most important result of dilatation and overfilling of the colon is the fact that these masses of retained fecal substance in various ways poison the individual by absorption of septic material. He has had three cases of epilepsy that he traced exclusively, as far as could be told by the results of treatment afterward, to disease in the left extremity of the colon caused by fecal accumulations, and when the disorder was removed by proper means he was able to remove the epilepsy.

For the removal of these masses, as a rule, he does not use purgatives, but injections are given after the following plan: A large bag fountain syringe, holding half a gallon, is adjusted at a convenient height from the floor, the patient lying down in a knee-chest position. The fluid should flow with considerable force until it makes its way past the upper sphincter, which is at the lower part of the sigmoid flexure; pass one quart to one-half gallon of water, according to the size of the colon, so as to fill the entire organ to the cæcum. In some instances he has been able to introduce as much as a gallon of water into the colon, the patient feeling no serious inconvenience from it; and a half a gallon is a common amount to introduce. The patient is then directed to lie down upon the left side, and by proper massage over the ascending colon the liquid is moved, and with it the contents of the bowel, toward the rectum. This should be done once or twice in the twenty-four hours until the colon is clear, and by this means it should be kept so. After this has been accomplished, give the patient something that will act as a stimulant to the nervo-muscular coat of the colon A good prescription for this purpose he has found should contain, in pill or capsule form, extract of cascara, a little belladonna, strychnia, hydrastis canadensis, and aloes. By care the colon can be kept clear, and the disorders of the stomach usually disappear, the secretions of the mouth are improved, the skin becomes of a healthier color and loses the distinctly fecal odor that it frequently has.

He has met with a number of cases of so-called typho-malarial fever in their earliest stages with a temperature as high at times as 103° to 105° Fahr., in which, by removing a great mass of material undergoing rapid fermentative decomposition at the high heat of the body, leading to rapid distension of the colon with gas, the signs of disease abated in a few hours and rapid recovery occurred. Where there is considerable inflammation in the bowel itself, he introduces water pretty well charged with listerine or some other antiseptic, and a little glycerine or other medicinal agent, and in this way the intestine is purified and cleansed, and the individual immediately improved. It seems now astonishing that it never occurred to him earlier, that to have a mass of feces undergoing fermentation and decomposition in the interior of the body and in contact with an absorbent surface like the colon mucous membrane, is or may be often the real cause of serious diseases.—*American Practitioner.*

BANDAGE AND REST.—Flavel B. Tiffany, M.D., Kansas City, Mo., calls attention briefly to bandage and rest as a therapeutical agent in the treatment of affections of the eye.

In general surgery, bandage and rest is the *sine qua non.* To it, and to antiseptics, the surgeon gives largely his attention.

By the ophthalmologist, bandage and rest has not received the attention that its virtue merits. It is not my purpose to enter into a lengthy discussion of this subject. I merely wish to call the attention of the society to the new method of bandaging the eye after capital operations such as the extraction and needling of cataract, iridectomy, sclerotomy, tenotomy, and strabotomy, or any operation on the eye where it is desirable to support the cornea, keep the eyes at rest, and exclude light and all irritating substances from an impaired orb.

I also wish to call your attention to the most excellent results obtained from this therapeutical agent (bandage) in the treatment of ulcerations of the cornea in keratitis, especially marginal and phlyctenular, as well as in pannus and other affections, in which it is desirable to keep the globe at rest, to prevent irritation from the movement of the lids against an inflamed cornea, to protect from light, dust, and other irritants.

In the last meeting of the Ophthalmological Section of the American Medical Association this subject was discussed. The isinglass plaster was spoken of by Dr. Michel, of St. Louis. In the June number of the American Journal of Ophthalmology appeared an article on the subject of bandaging the eye after cataract operations, by Dr. J. J. Chisholm, of Baltimore, in which he sets forth many of its virtues. In the last number of the Archives of Ophthalmology, Dr. Michel, of St. Louis, came out with quite a lengthy article on the subject, claiming priority in its use; stating that he has employed it to the exclusion of the compress bandage for eleven or

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twelve years, with most excellent results. But neither of these gentlemen speak of it as a therapeutical agent in other affections of the eye. Dr. Chisholm heads his article thus: "The Rational Method of Treating Cataract Patients to the Exclusion of Compresses, Bandages, and Dark Rooms." After the extraction of the cataract, he says "the eye is kept closed by a piece of diaphanous isinglass plaster two and a half inches long by one and a half inches wide. The piece of plaster, rendered pliant by soaking in water, is spread on the closed lids, from brow to cheek, and carefully adjusted by stroking it with the keratome (rubber spoon). The plaster soon becomes dry, and the patient is ready to walk from the operating table to his bed in the fourth story of the hospital." Dr. Michel takes exception to the size of the plaster, as above given, thinks narrow strips are better, giving his reasons, which to my mind are not valid. I have repeatedly used the same sized bandage that Dr. Chisholm speaks of, and in the same way, often operating for cataract, and I am well pleased with it. It is even more than he claims. It is light, and, adhering as it does closely to the lids and cheek, it insures a continued muscular tone, keeping the free edges of the lids in juxtaposition. "It does not trammel any other part of the body, and no movement on the part of the patient can possibly disturb it." Dr. Chisholm is of the opinion that before the year is out, it will be universally employed, to the exclusion of the old way of bandaging the eye and committing patient and attendant to a dark room. With it there is no longer the dread of darkness to the patient, nor of the gloomy room to the attendant. The patient can move about in bed *ad libitum*, without fear of bandage dragging upon the eye or getting out of place; neither is there any danger of its being either too tight or too loose, no danger of the patient's exposing the eye to light, or straining it by his great eagerness to test his sight.

Gentlemen, I consider it a perfect eye-dressing; it is light, cool, and safe; and with my experience with it I am sure I shall never return to the old *régime*. I am using the same bandage as a therapeutical agent in treating diseases of the cornea and conjunctiva, especially in ulceration of the cornea, phlyctenular keratitis, and in marginal keratitis.

In conjunctivitis even, it is an admirable adjuvant to other treatment. With it, I am confident that ordinary catarrhal ophthalmia, and iritis even, can be much shortened in their course, keeping the eye, as it does, closed and at rest. It is aseptic, and serves as a splint to the organ that requires rest and protection. It is transparent, discloses the condition of the lids, and allows the ophthalmologist to judge of the state of affairs of the deeper structures of the eye from day to day, or hour to hour, if necessary, without removing the dressing.—*St. Louis Courier of Medicine.*

THE APPLICATION OF INTRA-UTERINE PRESSURE BY THE TAMPON IN DISEASES OF THE ENDOMETRIUM.—Becoming convinced more than ten years ago of the damaging sequelæ of caustics to the uterine cavity, it has been my constant study to cure the diseases of that structure without them. It was in this line of study that I was led to the "application of pressure in diseases of the uterus, ovaries, and peri-uterine structures," as published in the Transactions of the Medical Association of Georgia, in April, 1878.

At the late meeting of the Medical Association of Georgia, I read a paper upon the "Application of Pressure by the Tampon to the Cavity of the Uterus for Diseases of the Endometrium." Since this publication there appeared in the Atlanta Medical and Surgical Journal a translation from the French, by Dr. V. O. Hardon, of this city, upon "Vulliet's New Method of Dilating the Uterine Cavity." It does not seem to have occurred to Vulliet that his method of dilatation was a valuable therapeutic resource. Indeed, the pressure used for dilatation so rapidly modifies the diseased structure it is designed to diagnose that its value as a means of diagnosis is greatly impaired. The more rapid methods of dilatation are far better than by the slow process of the tampon. By the time the dilatation is sufficient for visual exploration, the endometritis, mucous fungosities, polypoid growths, etc., that may have existed will often have disappeared entirely. As a means of dilatation of the uterine cavity the tampon is valuable, but, as a means of diagnosis, it is well-nigh valueless, except in fibroid growths, which from their density would be less affected by the pressure. In such cases as this the touch is far more reliable than the eye, and a tent that would dilate rapidly and admit the finger would afford far better opportunity to make a correct diagnosis.

As a therapeutic measure, the intra-uterine tampon is simple, safe, and marvelous. Chronic inflammation, granular erosions, mucous fungosities, together with the usual subinvolution, rapidly disappear under the influence of the pressure. With the proper observance of the contra-indications to all intra-uterine applications, the remedy is perfectly safe. It should, of course, never be used when there is a vestige of inflammation in the peri-uterine structures. I have now a patient at my private infirmary whose uterus has been packed from the fundus to the end of the cervix for more than a month, who rarely goes to bed, except by my instructions, for some hours immediately following the application. So long as there is sufficient oozing of

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blood to saturate the tampon, it is removed and reapplied daily; otherwise it remains for two days. If iodoform is used with the packing, as should always be done, the patient is secure against sepsis, the dressing removed being clean and free from odor, though it remain for days. I not unfrequently leave it alone for three days.

The patient is placed in the knee-chest position, or Sims's semi-prone, and the perineum retracted with a Sims speculum, or with any perineal retractor. I use my own speculum, as it separates the vulva and vaginal orifice better, and gives a more satisfactory command of the parts. The anterior lip of the cervix is seized with a tenaculum, and the uterus lifted forward toward the vaginal outlet. A little pledget or roll of cotton, with a thread wound about it, is now seized with the dressing forceps (with small blades) and carried in the uterus quite to the fundus; this being done the blades are sufficiently separated to loosen their hold and partially removed, and the cotton roll caught in a new place and carried up, as was the first, the manœuvre being repeated again and again until the little roll is thoroughly packed away in the uterus. These little cotton rolls are repeated one on another until the entire cavity is filled. Each piece of cotton is wound about with strong spool thread with a long end left to better facilitate and insure removal. The size and length of the cotton roll should correspond with the size and depth of the cavity to be filled. I have packed as much as one and three-quarter yards of lampwick in a single piece in the cavity of the body. The cavity in this case was unusually large and filled with granulations. I tried the lampwick because of its convenience, but discarded it on account of its hardness and want of elasticity. Nothing does so well as new, clean cotton. The new cotton does not need washing or other preparation. Absorbent cotton does not do so well—it packs too hard and is inelastic. I usually get clean sample cotton from the cotton factors. In this way we can feel sure of using an article that has never been in use.*

The following cases, treated conjointly by my associate, Dr. Noble, and myself, are selected because of their usually intractable nature, and the slow and unsatisfactory results of the ordinary methods of treatment. Dr, Noble has been kind enough to write out these cases for me, and I give them just as prepared, vouching for their accuracy in every detail. It will be seen that the first case dates back more than two years ago. Since this time Dr. Noble and myself have treated many cases by this method, and I give it now to the profession for the first time in detail, with the assurance of its safety and inestimable value.

In 1871, and while living at Columbus, Ga., I published a paper upon "Uterine Cloth-Tents in Diseases of the Body and Cavity of the Uterus." In that paper the following language is used: "For some years previous to the adoption of the cloth tent I had used strips of cloth or linen saturated with Churchill's tincture of iodine, solution of carbolic acid, or other substances to be used. One end of the strip, folded over the point of a small probe, was passed to the fundus of the uterus; the probe being withdrawn, was again and again introduced, carrying with it at each time an additional fold of the cloth until the cavity was completely packed. This packing was permitted to remain until expelled by the contractions of the uterus, which required usually from six to twelve hours. The firmer the packing the more active the contractions and the quicker its expulsion. It was to avoid unnecessary contractile action, and to make the strips self-retaining, that led to the idea of rolling the cloth or linen strip into a tent, and thus the better to control, by its size and length, the contractions of the uterus, and to secure its retention for any desirable length of time."

Thus it will be seen that several years before the publication of this paper, in 1871, I was in the habit of packing the uterine cavity. I did not then know the value of the pressure I had secured by the intra-uterine tampon, the object then being the thorough medication it afforded. Thus, for the time being, slipped from my hands a remedy of marvelous power.

It will be observed that the intra-uterine packings were usually expelled by the contractions of the uterus induced by its pressure. I have since learned that this occurred then, as it does now, in a certain class of cases, where there is simply mucous inflammation, with more or less sensitiveness. Where there is a large patulous cavity none occurs, nor does it occur in any case if the uterine cavity is slowly and gradually encroached upon and tolerance induced.

Case I.—This case is reported because it was the first upon which we used the intra-uterine tampon. The patient was large, obese, and anæmic—almost completely exsanguinated. Her health had been good up to her last confinement, two years prior to the commencement of her treatment.* In that labor the cervix sustained a laceration on either side to the vaginal junction.

She had the usual train of symptoms dependent

* In the beginning of the treatment in ordinary endometritis the tampon should not be carried further than just within the internal os—the cavity being gradually and carefully encroached upon until the fundus is reached. When the uterus is filled with fungus granulations the tampon should be carried at once to the fundus. The intra-uterine tampon should always be accompanied by a small, but firm vaginal tampon—using glycerine and iodoform on the first pledgets. The patient should be kept in bed for some hours following the treatment, or if there be pain, as long as this continues. If pain is persistent the tampon should be removed.

* Treatment began in February, 1884.

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upon such a lesion and upon sub-involution. Six months after labor she began to have hemorrhage from the uterus, which continued almost constantly for eighteen months. There was vesical tenesmus. The bowels were constipated, digestion greatly impaired, and strength gone. She was confined to her bed from sheer exhaustion.

The perineum was partially lacerated. The uterus was about the size of a three months' pregnancy and prolapsed to the floor of the pelvis. There was great eversion of both the anterior and posterior lips, with granular degeneration or fungosities of the endometrium. The cervical canal and internal os were quite patulous, which permitted thorough exploration. A slight touch was sufficient to produce a hemorrhage, serious to a person in her condition.

The treatment consisted in the proper regulation of diet, nourishing food, tonics, etc., with daily iodoform and glycerine dressings in the vagina, of sufficient firmness to control hemorrhage.

In four days she recovered strength enough to sit in an easy chair the greater part of the day, and at the end of a week walked from the house to the street. Seven days later she walked one-third of a mile. At this time, the end of the second week, the bleeding was so free when the tampon was removed from the vagina that it was useless to attempt to keep it sponged away. It was, therefore, decided to pack the cavity to stop it.*. This we did daily, as described by Dr. Taliaferro himself.

The improvement was marked as it progressed by a gradual decrease in the bleeding at each treatment, and in a few days by the appearance of pus, which gradually increased as the packing went on. Immediately following the removal of the first few dressings there was very free bleeding, but this was of no moment, as it was quickly checked by the fresh packing.

We continued this treatment for eight weeks, at the end of which time there was not even a stain of blood upon the cotton as it came away. We subsequently found to our astonishment that we came near producing atrophy of the uterus, as that organ was just a little under the normal size for a multipara.

Case II.—I report this case because of its most unfavorable condition for such treatment. In fact it was contra-indicated. The patient was a small Irish woman with a history of good health up to two years prior to the time I first saw her. Her trouble began with a miscarriage, complicated with bilateral laceration of the cervix and post-partum hemorrhage. She said the placenta was removed by the hand. The usual train of symptoms accompanying this laceration and sub-involution followed with occasionally an attack of peri-uterine inflammation. She had metrorrhagia for two months before I saw her, for which she was treated by another physician with tents. This resulted in peri-uterine inflammation and a very great increase of the bleeding. Tamponing the vagina was required to check it.

Though active inflammation had been going on, she bled until she was reduced to a sub-normal temperature when I first saw her. At the end of two weeks the inflammation had subsided, and an exploration of the pelvic organs was made. The uterus was nearly as large as an infant's head, almost filling the pelvic cavity. Some inflammatory deposits were in the broad ligaments, yet the womb was slightly movable. The cervical portion of the os was three inches in diameter, and very greatly congested. A slight brush would remove the epithelium and set up a profuse oozing of blood from the cervico-vaginal mucous membrane. The os and cavity were granular. The cervical canal and internal os were very much dilated. The lips were very much enlarged. The anterior lip was about the size of a black walnut, and felt like a fibroid induration. During my absence from the State she had a recurrence of her menorrhagia, and I returned in time to check it just as it had increased to a hemorrhage that bled her almost to syncope while lying in bed. Her circulation was in a very feeble condition from the loss of blood.

I began the uterine packing at once, as she had no more blood to spare, guarding it with a vaginal tampon. Each treatment was followed by a decrease of blood and a corresponding improvement in strength. At first the uterine cavity seemed to dilate until I could pack three little soft twists of absorbent cotton about half the size of a lead pencil and about fourteen inches long into it. Then it began to give her pain—a bearing-down pain—for about two hours after its introduction, As the improvement went on the uterus contracted more firmly until finally it threw the whole dressing into the vagina. The blood had ceased to stain the dressing for three weeks, and as other evidences of disease had disappeared, I decided to leave the treatment off for a few days that I might determine the size of the uterus. This I found was normal, and as she refused an operation on the cervix, the case was dismissed, at the end of the fifth week, cured—all but the cervical rupture.

This case is interesting from the fact that such a large sub-involved uterus was cured in five weeks, and from the fact that this treatment followed without detriment an attack of peri-uterine

* "Just after the war" Dr. Taliaferro made a practice of packing the uterus with strips of cloth with a view to medication, but found that in a few hours they were invariably forced out. In the summer of 1882 I successfuly dilated the uterus with cotton tampon for the removal of a fibroid polypus, three inches in diameter, without having the packing thrown out.

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inflammation, while there yet remained inflammatory deposits in the pelvis.

Case III.—This case is an inmate of our infirmary and still under treatment. She is a large and corpulent woman, very anæmic, has been unwell since her last childbirth, thirteen years ago, and bleeding from the uterus for five years almost constantly. Slight exertion caused a great increase in the flow; she was, therefore, confined to the bed a great part of the time. She gave no history of peri-uterine inflammation. The uterus was sub-involuted, and fully as large as a three-month pregnancy. There were large fungous granulations throughout the cavity extending to the external os. Deep lacerations of the cervix extended on both sides to the vaginal junction. There was great distress and soreness in the rectum, due to the presence of a hard ball of fecal matter. This mass was about the size of an orange, somewhat oblong and pointed at the lower extremity. For thirteen months it had been presenting at the anus during defecation, receding to the sigmoid flexure when the bowel was inactive. The act of defecation caused great pain and distressing tenesmus.

A surgeon of acknowledged reputation visited her at her home in a distant portion of this State, and as she states made a diagnosis of fibroid tumor of the uterus and stretched the sphincter ani. The day of her entrance to our infimary, I pressed the mass down in the pelvis with one hand from above the brim, and by the aid of my finger and ox-gall enematas completely cleared the rectum. This put an immediate end to the painful defecation. The following day we began the intra-uterine packing with little rolls of cotton about half the size of a lead pencil and about fifteen inches long. One of these was passed through the patulous canal into the cavity of the uterus to the fundus, and this followed by others until the whole organ was filled up, and then a firm tampon was placed in the vaginal vault. This latter caused some pain from pressure upon the sore rectum, but the soreness rapidly grew better.

Day after day this treatment was carried out, gradully increasing the length and number of the little cotton twists that were placed in the womb. As the first few dressings were removed the blood welled up from the uterus like a little spring. It was, indeed, alarming to persons not accustomed to such sights and treatments, but as it was promptly checked by the fresh packing, which was ready to be introduced as soon as the old one was withdrawn, no blood of any consequence was lost. This was repeated at each treatment, but in a less degree, until the end of the third week, when there was only a stain of blood on the dressing.

At this time the length of the packing-twist was one and three-fourths yard. All this was carried beyond the internal os, and about the same quantity or more was packed in the cervix.

At the present writing there is some stain of blood as the dressings are withdrawn, but nothing like a bleeding ever occurs. There is quite a profuse coating of pus upon the cotton when taken away. The cessation of the hemorrhage and the appearance of pus show a destruction of the granulation, but the packing is continued for further reduction of the sub-involution.

The uterus at first seemed to dilate, but now, the fifth week, it is regaining its proper tone and vigor; it seems to contract, and is reducjng both in volume and calibre of its cavity, and we now have to introduce smaller packings.

These cases are reported rather briefly, and many details of the general treatment left out, as it was the effect of the packing that we wish to note. The first case was treated at the office, the second at her residence, and the third is an inmate of our infirmary.—V. H. TALIAFERRO, M.D., Professor of Obstetrics and Diseases of Women and Children in the Atlanta Medical College, Atlanta, Georgia, *Atlanta Medical and Surgical Journal.*

SOME DISORDERS OF ADOLESCENCE, ESPECIALLY IN GIRLS.—There is a large amount of literature on this subject, but it is mostly confined to monographs or articles appearing in popular magazines. These do undoubtedly a great deal of good, but at the same time it seems to me that there is a medical side of the question which is equally important.

We all recognize the very great importance of impressing upon mothers the value of all that tends toward muscular development in growing girls. They should be symmetrically developed, should have full chests, straight backs, and strong limbs. We should also urge the importance of clothing of light weight and loose fitting, the principal strain being on the shoulders, not on the waist and hips, and also the evil results of cramped, stooped positions in the school-room, eye strain, and bad ventilation. We all urge these matters daily, and we all know but little attention is paid to them. But there are certain forms of various disorders which occur about the time of the second dentition which deserve more than a passing notice. These are manifested either as chorea, nervous excitement such as night terrors and various mental disturbances misnamed hysteria, gastro-intestinal disorders, and evidences of mal-nutrition. The child will probably become languid, suffer with frontal headache, become peculiar in her disposition and show fits of temper, shun society of other children, lose her appetite, become despondent, and possibly develop a local twitching of some of the facial muscles. It is customary to say

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that this is all reflex,* is possibly the warning that the system is undergoing some change preparatory to the menstrual functions—that it is in fact a true hysteria. This may or may not be the case. My own impression is that it is often due to the anæmia brought about by rapid growth and development, with faulty assimilation and deficient oxygenation. In my experience such cases present two types, the one essentially nervous, just described, the other the so-called strumous or lymphatic, in whom the want of proper assimilation is shown by a large amount of stored fat, and the anæmia by excessive pallor.

In the first case, the mother will tell you at once that her child cannot take iron, that she has frequent nose bleeds, and that she feels confident that if iron could be given it would be of great service. The nervous system seems to run riot, but this very excitement in itself is an evidence of the demand on the part of nature for a blood supply which is nutritious and well oxygenated. All the exercise in the world, all the most nutritious and sustaining of foods, will have no effect, until the digestive organs are made to perform their normal functions. If you examine the tongue you will find it coated, the breath is heavy, the bowels are sluggish, the appetite is perverted, the child craves extraordinary articles of food, especially acids and sweets. She has a disgust for her regular meals. There is flatulence, cardiac palpitations, asthma after exertion. The urine is either scanty and high colored, or very copious and of low specific gravity. If the menses have been established they are scanty, colorless, and irregular, or there is a leucorrhœa. In these cases the recommendation of popular writers for gymnastics, friction, mild diet, etc., are admirable after the digestive organs have been cleared of their accumulation of ashes, and the normal functions whipped into activity. For an infant I have the greatest confidence in small doses of calomel, with soda bicarb. and ipecac., frequently repeated; but for the cases we now speak of, I much prefer the following:—

℞. Acid nitro-muriat. dil. . ♏xl.
Succus. tarax. . . . ♏lxxx.
Vin. pepsini . q. s. ad. ℥j.

Sig.—Teaspoonful in water after meals three times daily, with a half teaspoonful of the fluid extract cascara sagrada every night until the bowels become regular.

After taking these for a few days, if the tongue has become clean, the complexion clearer, the patient can be placed on the following instead:—

℞. Hydrarg. chl. corros. . gr. ⅛.
Liq. arsenici chlor. . . ♏xij.
Tinct. ferri chlor. . . ℥j.
Syr. limonis . . . ℥j.
Aquæ . . q. s. ad. f℥vj.

Sig.—Tablespoonful after meals, and the laxative continued, if necessary, at night.

As far as the general treatment is concerned, the little patient should be sponged every morning with tepid water, she should stand in a tub, and have a pitcher of it poured down her spine from the nape of her neck, and then be thoroughly rubbed with a soft Turkish towel into a glow. The breakfast should consist of warm milk, or cocoa, a soft-boiled egg, or rare pieces of steak or chop, either oatmeal, cracked wheat, grits, or Indian meal alternating; bread and butter, with hot cakes. For dinner, soup, rare meat, fresh vegetables, very little water. For supper, stewed fruits, bread and butter, warm milk or cocoa, with tea, not coffee. She should retire early, and not be permitted to read at night. The supply of oxygen should come from out-door exercise, not an over-indulgence in walks or games that fatigue; let the school hours be limited to the early part of the day, and avoid that abomination of preparing lessons in the afternoon or evening for next day's recitations.

In about a week's time the girl will be able to bear the iron alone, and the tincture of the chloride can be given in ten- or fifteen-drop doses for some time, or a chalybeate water can be given with arsenic. The digestive organs will now also tolerate milk in large quantities, provided it is of medium richness, is fresh, and given warm.

But this is not all. There are very many cases of a highly nervous type, which despite the most careful treatment, will not improve at home. The constant association with parents of like temperament, however solicitous they may be in carrying out instructions, is of itself a cause of nervous irritation.

It may be necessary to send such children from home, either to some relative, living possibly in the country or some distant city, or perhaps to some suburban or country boarding-school, where a thorough change of air and scene, the association with girls of a different temperament, will work wonders.

For the strumous type, the same preparatory treatment may be instituted, and for such I would not hesitate to push the iron, phosphates, and cod-liver oil as soon as possible. Change of air to the sea-shore is advisable. There is little trouble in the home treatment of these latter cases; there is rarely a conflict of authority in such families.

Although I have intimated that the ovaries have little to do with the production of these conditions, I feel satisfied that the weakness, consti-

* Sufficient attention has not been called to the disturbances caused by the pressure of the twelfth year molars. These may show themselves in either dental neuralgia, or, in fact, any form of trifacial neuralgia, gastric disorders, or mental peculiarities, amounting to melancholia or symptoms of acute meningial irritation.

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pation, faulty clothing, eye strain, or dental pressure, will eventually tend to the production of uterine derangements—anæmia being the cause, due to deficient assimilation, from digestive disturbances, want of fresh air and healthful excercise, reflex irritation, and afterwards uterine disorders follow *post hoc* instead of *propter hoc*.—JOHN M. KEATING, M.D., *Medical and Surgical Reporter*.

BOOK REVIEWS.

How we Treat Wounds to-day. By ROBERT T. MORRIS, M.D. Second edition. New York and London: G. P. Putnam's Sons, 1886.

This book is rich in bombast, but destitute of any practical value.

The Healing of Arteries after Ligature in Man and Animals. By J. COLLINS WARREN, M.D., Assistant Professor of Surgery, Harvard University, etc. New York: William Wood & Co., 1886.

This scholarly monograph contains an elaborate description of the different processes which take place in the walls of arteries from the moment of ligature until the formation of the final cicatrix occurs, and is worthy of the careful consideration of every practical surgeon.

A Manual of Diseases of the Skin. By BALMANO SQUIRE, M.B., London, Surgeon to the British Hospital for Diseases of the Skin, London, England. Chicago: A. N. Marquis & Co., 1886.

This valuable little book contains in an epitomized form the results of the author's extended experience in the treatment of diseases of the skin, and will be found to be a valuable addition to the working library of every practical physician.

A Manual of Practical Therapeutics Considered with Reference to Articles of the Materia Medica. By EDWARD JOHN WARING, C. I. E., M.D., and DUDLEY W. BUXTON, M.D., B.S. Fourth edition. Philadelphia: P. Blackiston, Son & Co., 1886.

Waring's Manual of Therapeutics has been so favorably known for the last generation, that no extended commendatory notice is necessary for it now. Suffice it to say that the present edition has been thoroughly revised by Dr. Dudley W. Buxton, the accomplished assistant of Dr. Wm. Murrell, Professor of Medicine in University College, London, and that the additions which were made to it by him have materially increased its practical value and rendered it indispensable to every practitioner of medicine.

Diseases of the Stomach and Intestines. A Manual of Clinical Therapeutics for the Student and Practitioner. By Professor DUJARDIN-BEAUMETZ. Translated from the fourth French edition. By E. P. HURD, M.D., Newburyport, Mass. With illustrations and chromo-lithograph. New York: Wm. Wood & Co., 1886.

This valuable treatise which has been issued as the August number of Wood's Medical Library, is one of the most noteworthy publications of the year. Its author is so widely known as a clinician and therapeutist, that there will be a general desire to become acquainted with the methods of treatment which have been so successful in his hands.

A Laboratory Guide in Urinalysis and Toxicology. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in the Medical Department of the University of the City of New York, Professor of Chemistry and Toxicology in the Medical Department University of Vermont and in the University of Buffalo, etc. New York: William Wood & Co., 1886.

This admirable little book contains a complete list of the most approved tests for the morbid products found in urine as well as for the various vegetable, mineral, and volatile substances which are capable of producing poisonous effects when introduced accidentally or intentionally into the circulation.

The Physician Himself and what he should add to his Scientific Requirements in order to secure Success. By D. W. CATTELL, M.D., late Professor of Pathology in the College of Physicians and Surgeons of Baltimore. Fifth edition, thoroughly revised. Baltimore: Cushings & Bailey.

The appearance of a fifth edition of this valuable work, sufficiently attests the appreciation in which it is deservedly held by the medical profession. It is a book replete with valuable suggestions and thoughtful admonition, and one which no physician can afford to do without.

Cancer of the Mouth, Tongue, and Alimentary Tract: Their Pathology, Symptoms, Diagnosis, and Treatment. By FREDERIC BOWSEMAN JESSETT, F.R.C.S., England, Surgeon to the Cancer Hospital, Brompton. With numerous illustrations. London: J. & A. Churchill, 1886.

This valuable monograph is one of the most important contributions that has yet been made to the literature of carcinomatous affections. It embodies the results of the author's wide researches as well as extended experience, and clearly indicates the line upon which future inquiries into the origin and progress of this baffling class of diseases must be made in order to obtain a measurable degree of success in their treatment.

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COMMERCIAL NEWS.

MEDICINE *vs.* FAITH.

Medicine is more successful than faith, as a curative agent, because it has the inside track.—*Ex.*

TREATMENT OF GONORRHŒA.

Dr. C. L. Mitchell, 1016 Cherry Street, Philadelphia, has issued a very valuable twenty-four page pamphlet on "Treatment of Gonorrhœa and its Sequelæ," which he will send *gratis* to any physician who mentions THE MEDICAL BULLETIN. Although the treatment indicated is with special reference to the efficiency of the Soluble Medicated Bougies manufactured by Dr. Mitchell, yet the pamphlet contains many hints that must be of much value to every physician. It costs nothing, and gives much information. Send for it.

JEQUIRITY?

Oh, yes, that was a bean introduced some two years ago, as a remedy for trachoma. Has anyone heard of it lately, or has it lapsed into innocuous desuetude.—*Medical Age.*

SOLUBLE HYPODERMIC TABLETS.

The solubility of Sharp & Dohme's "Hypodermic Tablets" is almost marvelous. We placed one of them in cold water and saw it entirely dissolve in just two seconds. Every physician who has experienced inconvenience and disappointment from the use of solutions in hypodermatic medication, will do well to send to S. & D. for a sample of their Soluble Tablets, saying that he is acting on the advice of THE MEDICAL BULLETIN. See their advertisement on page 4.

RELIGION *vs.* SCIENCE.

"My pa," said one small boy, "is a preacher, and is sure to go to heaven." "Huh!" said the other small boy, "that ain't nothin'. My pa is a doctor and can kill your old pa."—*Ex.*

SUBSTITUTION.

Does the profession realize how much injury is done to physicians and their patients by *the substitution* of spurious, or the so-called "just as good" preparations; *in place of* goods of standard reputation?

The following letter from Dr. Springer is a case in point:—

VAN BUREN, OHIO, Sept. 10, 1886.

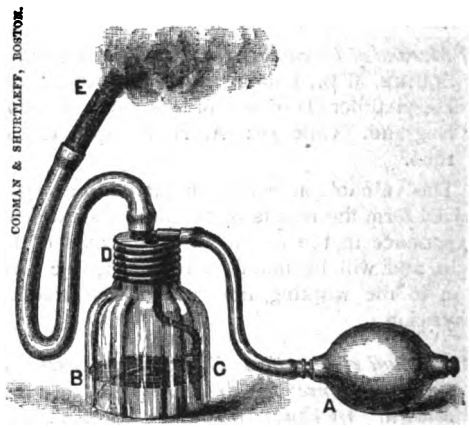
Messrs. Battle & Co., St. Louis, Mo.

GENTLEMEN:—In the case of "Insomnia," which I reported to you in May last, and wherein it required seven drachm doses (hourly, 1 drachm) to produce sleep by Bromidia bought at pharmacy in Findlay—it required but one drachm, repeated in *one* hour, to produce a good night's rest, of the sample bottle you sent me. I also use the Bromidia (Battle & Co.) with the best results in "cholera infantum," and in "hysteria."

Am satisfied that the article bought at Findlay was "spurious." GEORGE SPRINGER, M.D.

NEW ATOMIZER.

Some time since THE MEDICAL BULLETIN had advice from Codman & Shurtleff that a prominent specialist on diseases of the throat had expressed his delight with their atomizers, and had ordered one of each kind. This led us to inquire into the merits of these apparatuses and we find they are based upon the invention of Dr. Henry K. Oliver, made so long ago as 1866, and described by him in the Boston Medical and Surgical Journal for March of that year. Renewed and very general interest in this invention has been manifested of late, growing out of the recognition by Dr. George A. Evans and other observers, of the fact that the atomized medicine when suitably constituted by addition of glycerine, or other suitable vehicle, after being broken into fine spray by striking against a hard surface, as described by Dr. Oliver, is not readily absorbed into the atmosphere, but will continue to float for a long time upon it.



In the cut the atomized fluid is represented as issuing from the mouth-piece in a smoky cloud, after passing through about twelve inches of tubing and continuing in the air like mist. Possessing this quality it is evidently adapted to be received into the air-cells of the lungs, into which it surely penetrates, as repeatedly proved by many careful observers.

A full description of this apparatus, and others of greater efficiency, designed for the employment of air more highly compressed and in greater volume than it is possible to attain with hand-bulbs, will be sent to any physician who will mention THE MEDICAL BULLETIN.

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THE

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MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, DECEMBER, 1886. No. 12.

A CLINICAL LECTURE.

CHOREA; CHOREA ASSOCIATED WITH AMENORRHŒA; WHOOPING-COUGH TREATED WITH BELLADONNA.

BRONCHIAL IRRITATION IN A DEBILITATED CHILD; GENERAL REMARKS ON THE TREATMENT OF DISEASES OF CHILDREN.

BY WILLIAM B. ATKINSON, M.D.,
Professor of the Diseases of Children.

DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This child, suffering with chorea, was before us one week ago. We are informed that the involuntary movements are much diminished. This is not a well-marked case of this affection, or, perhaps, it is a case which is improving under treatment more rapidly than we had expected. A child with a severe attack of chorea will be found to have lost almost entirely the power of cō-ordination. The cases are sometimes so bad that the patient totters in walking and will look as though he had some paralytic trouble. This affection may be induced by a number of causes. I have known a most terrific attack depend upon the presence of seat-worms. After the removal of the worms the whole difficulty disappeared. You must, therefore, do all that you can to find the cause, but while you are looking for the cause, you must treat symptoms. During the past week, this boy has been taking a tonic containing a preparation of iron; the formula has been:—

℞. Acidi phosphorici dil.
Tr. ferri chloridi . . āā p.æ.

This has been given in pretty large doses. If too much iron is being taken, it will be shown by the appearance of symptoms of indigestion.

The boy has a sore on his lower lip which has been present for some time. For this we shall order unguentum zinci oxidi with three drops of carbolic acid to the ounce. This is to be well rubbed in after the scab has been entirely removed.

The treatment will be continued. The child must have easily digested nourishing food, such as milk, soft-boiled eggs and the like, but nothing fried. One of my old professors used to say that if he had hold of the man who invented the frying-pan he would hang him.

Suppose that after this treatment has been kept up for a couple of weeks the nervous symptoms still continue, what is to be given? One of the oldest remedies for the treatment of chorea is arsenic, which has usually been given in the form of Fowler's solution, the liquor potassi arsenitis. I do not believe, however, that the effects of the drug are so well obtained from this preparation as from arsenious acid. Granules of arsenious acid containing from one-eightieth to one-fortieth of a grain can be procured. If I find it necessary, I shall order for this boy one-eightieth of a grain of arsenious acid, three times a day. The effect of this drug must be watched. I believe that in nearly all these cases the good results are only obtained when toxic effects are produced. What are the toxic symptoms for which you are to watch? These are œdema under the eyes, swelling of the hands and feet, and slight nausea. When these symptoms appear, you

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should be careful how you push the drug any further. It may be that we shall be able to cure the chorea by continuing the line of treatment already adopted.

Chorea—Amenorrhœa.—This little girl has also had chorea. She was given some domestic remedy and the disease improved. It has reappeared and is chiefly seen in the right hand. The child is fourteen years of age and has not menstruated, and her mother is much inclined to attribute her symptoms to that fact. This function is usually established between the twelfth and sixteenth years of age, but may not appear until the eighteenth or twentieth year. The mother says that there is a tendency in her family for menstruation not to appear until about the eighteenth year. This child may have a tendency to postpone, just as some women postpone the menopause to the age of fifty-five or even sixty. I have had one case in which a woman married a second time, three years after she had ceased to menstruate, and much to her chagrin, her second marriage brought her an heir inside of a year. In another case a woman had been married to her first husband twenty years without becoming pregnant. At the age of forty-eight, six or eight months after the cessation of the menses, she again married, and in due time I delivered her of twins. If I had not known all about this patient and had her under my care, I should have had a little doubt about it.

This girl is evidently weak and ill-nourished. Her tongue is pale and flabby and slightly coated. The pulse is weak. The bowels are constipated. She needs toning up and requires something to stimulate the action of the bowels. We shall order the following:—

℞. Tr. nucis vomicæ . . gtt. xlviij.
Ex. cimicifugæ . . f℥j.
Syrupi aurantii . ad ℥iij.
M. Sig.—A teaspoonful four times a day.

We shall also give her, with the above, ten drops of the syrup of the iodide of iron four times a day. This will act as a tonic and an alterative. The child must receive good nourishing food and spend much of her time in the open air. Hygiene is of the first importance in a case like this. If the child is working hard at school she should be removed and the brain given a rest.

Potassium permanganate has been strongly recommended in just such cases as this by Professor Fordyce Barker, of New York, and other authorities. In order to relieve the nervous symptoms and bring on the menstrual flow, the remedy has to be continued for a length of time. From one-half to one grain may be given three or four times a day. It may be given in the form of compressed or sugar-coated pills. I have not employed it to any extent in my own practice, but those of my friends who have used it speak highly of its powers. It would probably be beneficial where the failure to start the menstrual function was due to the want of a general wakening up of the system, so to speak. You cannot make the child have its menstrual discharge by the use of remedies. I may here refer to what Professor Charles D. Meigs used to say with reference to emmenagogues. He said that the use of such remedies forcibly reminded him of the Yankee who invented a machine to make hens lay. He made a nest with a little trap through which the egg dropped as soon as it was laid. The hen, turning around to look at the egg before she began to make a fuss about it, would find that she was mistaken, and at once lay another. The first time the machine was tried the hen laid herself entirely away, and there was nothing left but a bushel of eggs and a lot of claws and feathers. Emmenagogues are not able to do the work which they are supposed to do; they can only act secondarily.

Whooping-Cough Treated with Tincture of Belladonna.—This little girl, two and a half years of age, is suffering with whooping-cough. She was here last week and I ordered the following preparation:—

℞. Tr. belladonnæ . . ℥ss.
Mist. glycyrrhizæ comp. . ℥iij.
M. Sig.—A teaspoonful in water every four hours.

The mother states that the cough is much improved, but that the appetite is very poor. We should not expect the appetite to improve while she was taking this mixture. We learn that the child drinks considerable tea. This should be stopped; of the two, coffee is the less injurious; you burn and grind the coffee under your own supervision, and you know what you have; with tea, you do not know what you are using; it may be a mixture of leaves from our fields, or it may be the siftings from various grades of tea. In talking with a Chinese merchant in California, he told me that very little good tea reached this country. He had some which he had brought over with

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him, and he prepared me a cup. I am not a lover of tea, but this was different from any tea I had ever tasted; it had a peculiar flavor which was delicious. This child should have neither tea nor coffee, but should be given plenty of milk. If desired she can take at the meals a mixture of hot water and milk with sugar—the so-called cambric tea. In the way of food, she should be given bread and butter, eggs, soups, and ripe fruits, but no bananas. The child also has a constant itching of the nose which leads her to be constantly picking at it. I shall order the following preparation as a tonic and to allay the nervous irritability which she presents:—

℞. Sodii bromidi . . . ʒij.
Acid phosphorici dil.
Tr. ferri chloridi . . aa ʒij.
Syrupi simplicis . ʒijss.
M. Sig.—A teaspoonful four times a day.

If the child does not rest, an extra dose may be given during the night.

Bronchial Irritation in a Debilitated Child.—This boy, seven years old, is said to have had a cold for several weeks. As you see, he comes bundled up in an overcoat and scarf, but do not find fault with children being wrapped up too much. It is one of the most ridiculous things to see on a winter's day the mother walking along wrapped in her furs, while her child runs by her side with its legs bare from above the shoes to the knees. At night the child has an attack of croup or of colic, as a result of the congestion of the throat or bowels, and the mother wonders why it is that her children are always sick. This boy is said to have a rather frequent dry cough. On auscultation I hear no râles. The appearance of the tongue suggests an interesting point. Never jump at a conclusion from the appearance of the tongue. Let me give a case in point. Some years ago I was attending a very sick child in consultation with another physician. On one day the child was found to be greatly improved. The following day I met the attending physician, who told me that the child's condition was very serious, and that sordes had appeared on the tongue and teeth. I found all the other symptoms improved, but the tongue and teeth were apparently covered with dark-brown sordes. Glancing at the table by the side of the bed, I saw a piece of licorice, which at once explained the condition of the tongue. This child has been eating something which had discolored the ton
The child is run down, and I shall there order a tonic with an expectorant:—

℞. Tr. ferri chloridi . . ʒiij.
Sodii bromidii . . ʒiij.
Ex. glycyrrhizæ . . fʒij.
Syrupi tolu . . ad ʒiij.
M. Sig.—A teaspoonful every four hours.

The fluid extract of glycyrrhiza will disg the taste of many unpleasant drugs, especi of quinine. If under the use of this prep tion the cough does not improve, we shall di that the dose be repeated every three hc and if this is not sufficient the dose will b creased to one and a half teaspoonfuls e three hours. The child has been kept in house through fear that he will take c This is wrong; he should be out in the f air. There are few houses which are so s tary, that they are not filled with poison various kinds. I mean that there are houses so well ventilated and so thorou cleaned as to be free from all forms of dis germs. The removal of a sick child to w it will have fresh air and change of scene often cause a marked improvement in its dition.

Some General Remarks on Diseases Children.—I wish now to refer to certain p brought out by the consideration of the c which we have just seen, and to make s general remarks on the diseases of child The little girl who had not had her mens discharge, and in whom the symptoms wer tributed by the mother to the efforts of na to establish this function, is a type of n cases. Many women will bring their da ters to the physician with the statement they are working with their monthlies. average woman thinks that her baby is trou with its teeth as soon as it begins to slob So, at a later age, every odd symptom w the child presents, is attributed to the turbance of the system resulting from effort at the establishing of menstruat When the system is laboring to institute function, the patient is apt to present ce nervous symptoms, and these often assume form of chorea. I have had a case of para more marked on one side from this cause have also seen a patient sick with a feve several days' duration under like circumstai The general rule is that you find these pat becoming weak, white, and flabby-look

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They begin to have depraved appetites, eating such things as slate pencils, chalk, and even the dirt out of the street. This morbid appetite tends to increase the trouble by producing indigestion. The mother of our patient stated that in her family the females went to the age of seventeen or eighteen before menstruating, but you must not be deceived by what patients tell you. In conversation with this woman, she told me that she herself had menstruated at the age of fourteen. Why then should her daughter go to a later age simply because one or two members of the family went to the age of eighteen? Do not put much confidence in the statements in regard to these matters. Suppose that in this girl the failure of menstruation to appear were the cause of the trouble, we should have other symptoms, which she does not present. Her appearance and actions while before you seemed to indicate a want of mental power.

In regard to amenorrhœa, let me advise you to be careful how you give powerful remedies to bring on the menstrual flow. Be on your guard with a fully developed, bright, buxom girl, whose mother tells you that she has had one or two menstrual periods and then stopped. These are among the earliest cases that come to your office, and they will endeavor to deceive you. In many instances, these are examples of what I sometimes term amenorrhœa *pro causa*. There is a natural cause for the amenorrhœa in many of these cases. Be careful, under these circumstances, how you give remedies that may cause trouble. I give this warning, because it is the young physician who is singled out by these people. Many years ago, a woman who had had several children, came to me stating that she was pregnant and telling me frankly that she did not wish to have any more children. I told her that I could do nothing for her. She was weak and anæmic, and I attributed the amenorrhœa to the want of red blood, and gave her a preparation of iron. Within a short time the menstrual flow returned, and she credited me with enabling her to miscarry, and I had considerable difficulty in combating this belief. You will be surprised to find how often the young woman, and for that matter the woman who has had several children, will deceive herself in the belief that she is pregnant or that she is not. Do not let yourself be deceived. When you are in doubt avoid, as far as possible, positive medication. In these suspicious cases, I often give a placebo, which is a favorite with me, consisting of a drachm of the tincture of gentian with four ounces of water, a teaspoonful to be taken three times a day. The patient will return in a short time and tell you that she has taken all the medicine, and that it has had no effect. I have had women take the whole four ounces in one day, and come back and ask for more of the medicine, saying that it had had no effect, or that the medicine had been spilled, or that the bottle had been broken. In this way I have again and again allowed these cases to go on, until I could positively say that they were or were not pregnant. This is a point which I desire you to remember in the treatment of these cases.

Suppose that in this girl the menstrual flow is established, and, although it goes on in a proper way, the chorea is not relieved, what should be given? Here you will find that fluid extract of cimicifuga, commencing with five drops and slowly increasing to ten drops, four or five times a day, will, in nine cases out of ten, be followed by positive benefit. Where there is a great deal of nervous irritation the use of the bromides in some form is desirable, and the bromide of sodium or of potassium may be combined with the fluid extract of cimicifuga.

I have often seen chorea occur as the result of rheumatism. I recall one very severe case of rheumatism occurring in a little boy, a number of years ago. I did not then know the great value of the salicylates, and more particularly of gaultheria. If I had, I believe that I should have checked the attack in a few days instead of a few weeks. The rheumatism was followed by severe chorea, which, however, finally yielded to treatment, and the boy lived to meet with a terrible end. I treated this boy with positive doses of arsenite of potassium and with many other remedies, without much benefit. Finally, I gave him the fluid extract of cimicifuga, gradually increasing the dose until twelve or fifteen drops were taken three or four times a day. Under this, improvement soon occurred.

These cases of chorea should be carefully studied, and, as far as possible, all unfavorable influences should be eliminated. Again and again will you find that these children are subject to night-terrors. What are night-terrors? A child will be put to bed apparently perfectly well, and in the middle of the night the house-

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hold will be startled by a cry from the child. Running to its bed, it is found covered with the bed-clothing, and when these are removed it will exclaim that it saw something in the corner, or that something was coming into the room to hurt it. A large number of cases of night-terrors are combined with chorea and nocturnal incontinence of urine. I have seen many of these cases, and when neglected have seen the trouble end in dementia. I have seen the child pass into such a condition that it was really silly, and has lived in that condition a number of years, an utterly useless member of society. Among the negroes a large number of children have nocturnal incontinence of urine and night-terrors. Many think that under the influence of the fright the sphincter of the bladder relaxes, and the child wets the bed. This is not so. In the majority of cases it is due to exhaustion of the nervous system. The child sleeps on its back, the urine accumulates around the entrance of the urethra, produces a little irritation, and the sphincter lets go. For this reason we endeavor to prevent the child sleeping on the back. A cruel method employed in the olden times was the application of a blister over the sacrum. Various mechanical methods, as fastening a book on the back, are employed. I think that almost every case of incontinence of urine can be cured by the use of atropia or belladonna, commencing with a small dose and gradually increasing the dose until toxic effects appear. In the case of a girl now seventeen or eighteen years of age who had had this trouble for years, and for which she had not been treated, the trouble ceased entirely for four weeks when she was put upon the use of belladonna. After being overworked the trouble again appeared and was allowed to continue for several months, when she was again brought to me. I then gave her a bottle of granules of atropia, containing one-eightieth of a grain, telling her to take one three or four times a day for a week, and then stop for a few days and again resume. When I last heard from her she had been free from any trouble for a number of months. In giving any remedy, especially to children, the proper way is to continue it until you obtain a certain result. Then continue it for several days longer in lessened doses, in order to see if the patient can dispense with its use. The moment any of the symptoms return renew the remedy. In many instances the trouble is that the one having charge of the child stops the medicine as soon as the symptoms improve. It is on this account that so many cases of whooping-cough, chorea, and incontinence of urine, continue.

If you can find a cause for the chorea, the night-terrors, or the incontinence of urine, that should, of course, be removed. Sometimes you will find that the child is passing a large quantity of thread-worms with its evacuations. In the case of female children, the worms are apt to find their way into the vagina and cause a leucorrhœal discharge. A discharge of this kind in children is, in the great majority of cases, due to the presence of worms. There is, I think, nothing better than the injection of warm, strong brine, for the removal of this trouble. I have used this in adults with marked success. We may also use an infusion of one drachm of powdered aloes to half a pint of water. The tincture of the chloride of iron, one drachm to three or four ounces of water, is also of service. In these cases you do not require much in the way of purgatives, for, as a rule, the worms do not pass above the internal sphincter. When they do extend higher, a purge of calomel or of syrup of senna may be employed. I have succeeded in curing cases of chorea due to seat-worms, by the use of the fluid extract of spigelia and senna. I give it in the following way:—

℞. Ext. spigeliæ et senna . . fℨss.
Syrupi rhei . . . . ℨiiss.
Sig.—A teaspoonful four times a day.

If this causes much purging the dose may be diminished. It is a singular thing that in cases presenting every indication of the presence of worms, although the fluid extract of spigelia and senna is given, and no worms are passed, yet the child almost invariably improves. Other forms of worm infection may produce similar nervous symptoms, butin these cases there are usually other evidences of gastro-intestinal irritation.

It is a favorite habit among mothers to attribute all the symptoms which a child presents either to worms or irritation of the teeth. I do not think that there are two things more abused. A healthy child may have worms and yet present no symptoms. The average child will get its teeth and there will be no indication of it until they are found through the gum. I hold that a child in good health, properly nourished, and under suitable hygi-

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enic surroundings, will, in almost all cases, get its teeth without presenting any untoward symptoms. Another fallacy is that the second summer is accompanied with great danger to the child. With ordinary care in regard to food, with plenty of fresh air and exercise, and proper clothing, the child will suffer no more during its second summer than at any other time.

ORIGINAL COMMUNICATIONS.

*HAMAMELIS IN THE TREATMENT OF DISEASES OF THE SKIN.**

BY JOHN V. SHOEMAKER, A.M., M.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College of Philadelphia.

WITCH-HAZEL has long been recognized as a valuable therapeutic agent both for internal and external use. For years it has been placed upon the market by venders under various names, and highly extolled for its medicinal action. In very many diseases it has fulfilled all the claims which have been made for it, such as its use for piles, sores, cuts, and all hemorrhages. It has, owing to its decided action in these diseases, become in America a standard domestic remedy, which is frequently resorted to by physicians, more particularly those residing in the country.

Successful results have again and again been noted, by many physicians, of the action of this drug in numerous diseases in which other remedies have failed. Ringer, among others, has noticed, I may say, this uniform action of hamamelis, and reports that he has known it to arrest hæmaturia in four cases which had resisted many other remedies. It has been found to be equally effective as a hæmostatic in bleeding from the lungs and other organs. Its action is claimed to be that of a vascular sedative.

Dujardin-Beaumetz thinks that it has an action on the muscular fibres of the veins. Hector Guy, however, alleges, after testing the drug thoroughly, that it shows no special physiological action on the vascular system. Several American investigators have also recently denied the action claimed for hamamelis.

Clinical experience, however, is more reliable than physiological theory, and clinically I know of its value. I have referred to it at greater length in a paper on its general action read before the Section of Therapeutics at the last annual meeting of the British Medical Association. I again affirm that it possesses undoubted action in lessening local inflammation.

Abundant evidence, clinically, has been furnished of this action by a large number of physicians, chiefly in America, in which country it is the more largely used. It is not my object in this brief paper to give an extensive *résumé* of hamamelis, but to limit my remarks to its good effect in the treatment of diseases of the skin.

Hamamelis may be employed in diseases of the skin, both internally and externally. Administered internally, in the form of the fluid extract, it appears to lessen the flow of blood through the vessels in inflammatory affections of the skin. Its action is perhaps more decided in eczema, especially in the acute and subacute forms. In cases in which the disease is more or less general, the surface red, hot, and tumid, the use of from one to thirty minims of the fluid extract of hamamelis in water or on sugar, every two or three hours, often has a most decided and speedy good result. The engorgement lessens and often disappears. It may be necessary in order entirely to remove the disease, to apply, in addition, some appropriate local treatment. The action claimed for hamamelis is, not that it always cures the disease, but that it lessens the flow of blood through the vessels, and thus relieves, benefits, and hastens a cure. In no class of cases will witch-hazel act so well as in those unfortunate infants suffering from pustular eczema or crusta lactea. The fluid extract of hamamelis in infantile eczema can be administered in from a half to five drops, in syrup or milk, every two or three hours. In many cases its use will cause all constitutional excitement to abate, the serous or sero-purulent discharge to lessen, and the inflamed and swollen condition of the tissues to decline. It will, if persisted in, very often thus bring to the little sufferer the greatest relief from the high vascular excitement and the intolerable itching.

Hamamelis is also a valuable remedy locally in eczema, either in the form of the tincture, or in that of the diluted fluid extract. In some

* Read before the Section of Dermatology at the meeting of the Association of German Naturalists and Physicians, held in Berlin, September, 1886.

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cases, in addition to its internal use it may also be well to apply the drug locally. In others the tincture is the preferable form to use, from two to eight drachms being employed with four or five ounces of water. A piece of old muslin is saturated in the lotion and spread constantly over the inflamed part. In others, again, an ointment is better borne, and can be prepared by incorporating from a half to two or more drachms with some fatty vehicle—lard, suet, or lanolin being always preferable. Hamamelis thus used has both an astringent and a sedative action on the tissues, and will often quickly lessen inflammatory action in the part to which it is applied.

In erysipelas, I have known some good results to follow from its internal administration, but the results so far are not sufficient to warrant my recommending it as a remedy to be depended upon to control the constitutional symptoms of this disease. Locally, a lotion of hamamelis, one part of the tincture to five or six of water, may be employed in erysipelas in addition to other topical agents. It has by its evaporating action a most delightful refrigerant and soothing effect upon the hot and tumid skin. Its efficacy is often enhanced locally in erysipelas by adding one or more parts of tincture of opium to the lotion. Hamamelis in acne, particularly in the pustular form, acts well both internally and locally. It lessens the discharge, and, by its local astringent action in the form of a lotion, brings great relief to the inflamed and distended glands. In rosacea, or acne rosacea, its action is even more decided by its controlling effect upon the enlarged capillaries used both internally and externally. In obstinate cases, I usually push the drug to full doses, giving often as much as two drachms three or four times daily, and I have applied at the same time a lotion of one part of the tincture in four or five of water. The lotion is increased from time to time until it is applied in full strength. The enlarged capillaries slowly contract, under its continued use the engorgement lessens, and the tissues of the part tend by degrees to become normal.

Hamamelis in the form of the tincture is a remedy of very great benefit in both seborrhœa oleosa and sicca. A lotion composed of one part of the tincture with three or four of water removes rapidly the greasy and glistening condition present on the face and other parts of the body in those afflicted with seborrhœa oleosa. In like manner it removes and cleanses the surface of the scales and crusts, and has an astringent action upon the follicles in seborrhœa sicca. Loss of hair, which so often follows from the dry form of seborrhœa, is not only prevented, but the disorder removed by the local application of the tincture. In employing it in this disease, the tincture should be applied in full strength, or with half water. The efficacy of the lotion is often increased in this form of seborrhœa, and in alopecia, by the addition to it of from one to ten grains of corrosive sublimate to each four ounces. The tincture, either alone or combined with ten to thirty grains of boracic acid, promptly lessens, and often thoroughly arrests the excessive secretion of sweat that occurs on the hands and feet, and in the axillary and inguinal regions. It acts frequently in a similar manner in fetid secretion, not only in lessening and stopping the discharge, but in allaying all unpleasant odor. In the latter disease the action of hamamelis is often enhanced by the addition of either five or ten grains of corrosive sublimate, or boracic acid. The same preparation of hamamelis alone, or combined as above recommended, is an efficacious application in many forms of itching of the skin.

Hamamelis internally is a useful adjuvant to other remedies in the treatment of certain forms of psoriasis. It is more especially adapted to those cases which are attended with severe inflammatory action and itching of the skin. The fluid extract of hamamelis in large and repeated doses, in such examples of psoriasis as referred to, will often lessen the local symptoms and assist very much the action of other suitable remedies in controlling or removing the disease. The same preparation just alluded to is also of great utility in purpura, especially in the simple variety. It must, however, be given in full and frequently-repeated doses until the desired effect is produced.

Lastly, I desire also to testify to what has already been so ably reported by Dr. Musser, of Philadelphia, and others, of the value of hamamelis in the treatment of ulcers, particularly the varicose form. From the administration of full doses of the fluid extract and the local application of the tincture, I have very often observed indolent, inflamed, and irritable ulcerative surfaces rapidly take on healthy ac-

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tion, and be finally cured. In employing hamamelis I always prefer for internal use the fluid extract, which is more certain in its effect. The tincture is usually sufficiently strong for all local applications, and very often it becomes necessary to dilute it with water.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ., NEW YORK.

THERE has been a pamphlet recently issued called "The Legal Status of Medical Practitioners," which touches on the decidedly interesting question of "fees," as follows: "There is very respectable legal authority for the proposition that a physician is entitled, in charging for his services, to regard the worldly condition and wealth of his patient; in other words, that for the same services, it would be proper to charge a Vanderbilt or a Rothschild more than a patient of ordinary means.

"I cannot convince myself that this is either good morals or good law. To my mind it savors of extortion.

"It can require no more skill or ability to furnish medical advice and attention to a millionaire than to another person. A physician is, of course, completely at liberty to establish a standard of charges as high as he pleases, and he may make it so high that none but millionaires will be able to employ him. No one can object to this. If then he does give professional attention to a person who is unable to pay such fees, and chooses to charge him at a lower rate than his custom would warrant, this also would be a simple act of charity to which no one could object. But for a doctor deliberately to add to his usual rate of charges an amount based simply upon the supposed ability of his patient to pay, seems to me to be lowering his profession to the level of soulless usurers, and sacrificing all that is high, and noble, and philanthropic in it to the mere love of lucre." Another writer on Medical Jurisprudence, Ordronaux, says on this question, "What constitutes a fair and liberal compensation is not always easy to determine, for custom, character of service, and rank and estate of patient, are all elements to be weighed in the solution of this problem.

"It is not the importance of the service alone which justifies the measure of the reward claimed, for many would be able to give a fair, who could not give a liberal compensation. On the other hand, the possession of a fortune by a patient does not justify extortion in charges made against him. Regard must be had, therefore, to both circumstances, and the character of the service rendered, together with the worldly estate of the patient, should be taken together in computing the limits of a fair and reasonable compensation. This is the rule adopted by the French law, and its soundness cannot be questioned."

These two views are not in principle so far apart as they might seem. Ordronaux states the law correctly, that some regard may be had in charging for services to the wealth of a patient, but the ability to pay a very high rate is one of the least important elements in deciding upon the proper charge. Wealth often gives such a position to the patient, that services rendered to him seem more important than those rendered to persons in a different station in life. This fact may make the responsibility heavier upon the practitioner, and he is warranted in making his charges higher than usual. This, we take it, is the proper criterion in settling the question, for wealth alone should make little difference in the charge. Take, for instance, the case of President Garfield; no one expected that the physicians would be paid the same rate for attendance upon an ordinary patient. The responsibility of the case and the importance of a cure were so great, that a very liberal compensation was naturally expected and was, in fact, paid. This subject cannot be properly treated in a note, and will receive more extended discussion at another time.

The Congressional law against oleomargarine went into operation on November 1st, and the extent of the manufacture is shown by the large number of applications for licenses both by wholesale and retail dealers. If one was to judge some months ago by the marks visible on packages of oleomargarine for sale in the shops, the business was a very trifling one, but now that heavy penalties are placed upon violations of the law the number of dealers is wonderfully increased. The license fee for manufacturers of oleomargarine is $600 per year; for wholesale dealers, $480; and for retailers, $48. There is also a tax of two cents a pound on the entire product. The smallest amount which manufacturers can offer for sale

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in one package is ten pounds, and the largest amount retailers can sell is ten pounds. The latter must not sell oleomargarine in its original packages, but must have special paper or wooden covers on which is distinctly marked the name of the article. There is a full provision made for inspection of all places where the imitation butter is offered for sale, and it now remains to be seen whether the law is a practical one.

In a recent case in England where questions of insurance law were presented, it was decided that a person was bound by his statement of his health, and if a change occurred before the issuing of the policy the company could refuse the risk.

It appeared that the application was accepted after an examination of the person, but it was stated that the insurance would not take effect until the premium was paid. The gentleman naturally waited until the policy was made out before he paid the money, but, in the meantime, his health became seriously affected and the company declined to proceed further. An attempt was made to force them to issue the policy, but the court declined to help in the matter.

The result of the decision would seem to be that, if a person wishes to bind the company, he must as soon as the application is accepted tender the premium.

A curious case is now on trial in the New Jersey courts between two physicians of Newark. The plaintiff states that he made an agreement with the defendant to carry on his practice during his absence from the city, but that after that the defendant was not to engage in practice in Newark. The defendant attended to the plaintiff's patients for a year and a half, and still remains carrying on his practice in Newark. The plaintiff states further that it is absolutely necessary for his protection that there should be an injunction against the defendant, in view of the knowledge which the latter has of his business, and of the private prescriptions which he used exclusively. The defendant denies that there was any agreement like that set up until after he undertook the work, and that the original agreement placed no restrictions upon him. The case is now under consideration.

There is no question but that such a contract if proven is legal. The policy of the law which prohibits any agreement not to practice medicine at all, allows a person to agree not to practice in a particular locality.

Mr. Henry Bergh, President of the New York Society for the Prevention of Cruelty to Animals, recently said of the contest over the will of Miss Carrie Welton, which has just been decided in favor of the society: "This bequest of Miss Welton's has been exceedingly gratifying to me. It shows that people appreciate the idea of giving protection to dumb animals. When I first started this movement, if I received a donation of $5 I felt well set up, and later on my breath would be taken away by getting $100. Then the donations came in faster, and in larger amounts, until they reached $100,000 and $200,000." We have a case similar to the Welton case coming up in Washington this week. Colonel Fuller, of the United States Army, who died some two years ago, singularly enough, where Miss Welton was frozen to death, left the society about $60,000. Of course, the will was contested, as all wills are which contain bequests to charitable institutions.

SELECTED ARTICLES.

SOME PRACTICAL SUGGESTIONS ON THE TREATMENT OF DIPHTHERIA.

BY WILLIAM PORTER, M.D., ST. LOUIS, MO.

DIPHTHERIA is a common disease, and it is one of the most fatal. As one illustration of many, in five years there were 17,193 cases in New York alone and 7263 deaths. It is a disease that every physician will be called to treat sooner or later, and being called must act promptly. This is not the place for a long essay upon the different theories of diphtheritic contagion and progress; rather let us enter at once upon the discussion of the practical questions involved in conducting the disease to a favorable issue.

Let me very briefly sketch the manner of invasion according to conclusions which seem most reasonable and are by many accepted:—

1. Diphtheria is contagious—or rather portagious, and of parasitic origin.

2. It is most readily implanted upon a mucous membrane denuded of its epithelium.

3. It is probably always local in its incipi-

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ency, sometimes becoming rapidly systemic, though in rare cases apparently systemic from the beginning.

To further explain rather than to argue these propositions, let me say that the best protection against diphtheria is a mucous membrane entirely healthy; and an ordinary acute or subacute laryngitis or pharyngitis is a condition favorable to the implanting of the diphtheritic germ. When the epithelial layer is intact the diphtheritic germ finds no foothold, but when there is an abrasion or denudation of the lining membrane, the diphtheritic bacteria first attach themselves to the surface so prepared for them. This is the local period of the disease and no micrococci are found in the blood—there is no constitutional symptom. Sometimes, though there may be rapid surface involvement, and free formation of the characteristic membrane, there may still be little absorption of the diphtheritic virus.

Many of these almost purely local conditions suggest a doubt as to their specific nature. It is well to give the patient the benefit of the doubt and to treat urgently all suspicious-looking exudations upon the surface of the respiratory tract. Practically, a certain number of cases of diphtheria are constitutional from the beginning, the point of infection being in some recess of the naso-pharynx or larynx, and easily overlooked—or is beyond the range of vision. I am not sure but that infection may occur from primary invasion of the membrane of the alimentary canal. Klebs, in the second Congress of the German Physicians, speaks of a diphtheritic involvement of Peyer's patches resembling the reticular appearance in the early stages of typhoid. In by far the greater number of cases, the rapid multiplication of the bacteria—whether sphero-bacteria as are found in severe cases, or whether short and slender rods as in milder cases—produces an inflammation of the mucous membrane, exudation takes place, the epithelial cells die, and the bacteria pass into the blood and rapidly multiply throughout the circulation. Even should we deny, with Beale, that the contagion is bacteria, we still must admit that the hypothesis of local infection furnishes the most rational explanation of the sequence of symptoms.

Granting this, we have two purposes in treatment in the early stages of diphtheria:—

1. To destroy or render harmless the local manifestation of the disease.

2. To increase the power of resistance in the general system to infection.

In dealing with the false membrane all measures which would tend to irritate or injure the air-passages should be avoided. There should be no tearing away of the exudation, or application of caustics—nor do I think that, except in cases where there is only a small, well-defined patch of membrane, the use of the galvano-cautery will prove expedient. To prevent absorption, not only should we avoid making new abrasions in the throat, but I have thought it wise as far as possible to cover up those that already exist.

First of all, it is well to remove from the naso-pharynx, or pharynx, if that be the site of invasion, whatever of accumulated mucus and *débris* there may be. This may be readily done by means of a small syringe, and a weak solution of salt-water or of Listerine. This may be used either through the nostril or directly in the pharynx. To loosen the attachments and hasten the resolution of the diphtheritic membrane, many means have been advocated.

When the patch can be reached a solution of papayotin may be applied; or, better still, one of trypsin. This last, used in solution as suggested by Fairchild and Foster, or, still better, a few grains with one or two of bicarbonate of soda, made into a paste with water and spread upon the diphtheritic patch, is the most rapid solvent I have known. If the local disease is beyond the reach of such an application, an alkaline solution of trypsin may be sprayed into the nose or larynx.

After several applications of trypsin within the hour, a still further attack may be made upon the local disease. Having used more or less freely most of the germicides, astringents, and antiseptics commended in the treatment of diphtheria, I have abandoned all else for a solution of equal parts of the tincture of the chloride of iron and glycerine. I have cause to consider this, when well applied over the entire extent of the diseased surface, an almost complete bar to the progress and absorption of the diphtheritic virus.

1. If the potency of the disease lies in the rapid multiplication of bacteria, so strong a chlorine solution is certainly indicated.

2. If absorption takes place through the abraded surfaces, and "mouths of lymphatics open," as stated by Oertel, we would from a

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priori reasoning expect some good from the local use of iron, while the glycerine may be something more than a mere vehicle, in that it may by affinity relieve to some extent the turgid capillaries of the mucous membrane. The application should be made frequently.

Let me say, in urging the efficacy of this agent, that for two years I have not seen a case of diphtheria die where the whole of the false membrane could be seen and repeatedly covered with this solution and where appropriate general treatment was given. Thrice within the last week and many times during the past year I have seen the characteristic membrane shrivel up and become detached under the influence of the iron and glycerine.

When the local attack is out of reach of the direct application by means of the brush, or, better still, the cotton-covered probe, the case is very different. When the invasion is in the naso-pharynx or in the larynx, the result may well be dreaded. Even in such instances I believe the best procedure is to apply the iron locally by spray, and, where possible, by the cotton-covered probe.

The covering in of the diphtheritic patch with tolu varnish, as recommended by Mackenzie, may follow the thorough use of the iron solution, and is doubtless protective.

Not only is local treatment important, but it is important to institute it early. The physician should be called at once in every case where there is a doubt. Parents should feel that they are responsible for delay, and that delay is exceedingly dangerous. Many cases that during the first twenty-four hours are easy to treat and curable, are, a little later, beyond the reach of the most skilful.

A few words as to general treatment. Here too I have no sympathy with halfway measures. First of all, in every case, I nearly always counsel the administration of enough of calomel and soda combined to thoroughly evacuate the alimentary tract. It empties the canal of any accumulated material, it stimulates important secretions, and, with Ritter, though not to the extent to which he advocates it, I believe it has a favorable influence upon the general condition. At least it clears the decks for action. As soon as the bowels of the child have been well moved, and sometimes not waiting for that, the internal use of the iron and glycerine solution (the same as that used in the throat) may be begun; for we need not fear any chemical reaction. To show that others are falling back upon this well-known agent, let me quote from an editorial in a recent issue of the New England Medical Monthly: "It is interesting and somewhat gratifying to note that, after each excursion into the domain of experimental medicine the profession invariably returns to the older and more effective method of treating diphtheria, which consists of tonic doses of the tincture of iron and a system of extreme nourishment."

To anticipate and antagonize general invasion, the general as well as the local treatment should be instituted early. Where the symptoms demand, I prescribe two drops of the iron and glycerine solution for each year of the child's age, in a little water every two hours, and midway between each dose the diphtheritic patch is to be touched or sprayed with the solution. Thus there is an opportunity for the ferric solution to be brought in contact every hour with so much of the diseased membrane as is in the pharynx.

I have not discussed much of the poly-treatment of diphtheria as practised to-day—nor have I time to outline the emergencies which may arise, as I had thought of doing. My object has been to propose a plain and direct method of treatment which any one may use and which is not an experiment.

Many other remedies are often to be added. Pilocarpine, when the skin is dry and there is spasmodic laryngeal contraction; quinine, when the fever is excessive; steam from slaking lime when respiration is labored and respiratory tract dry; and tracheotomy or intubation when the larynx is greatly obstructed.

Let me in conclusion suggest that the physician demand of the people among whom he practices, that they call him at once when suspicious symptoms are observed, and that he answer quickly, act promptly, and see that his instructions are implicitly obeyed. To treat diphtheria is to fight a battle—there should be no delays, surprises, nor compromises.—*Journ. of Am. Med. Association.*

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ON LANOLIN.*

BY OSCAR LIEBREICH, M.D.,

Professor of Materia Medica in the University of Berlin.
With Discussion by Drs. SHOEMAKER and MACKEY.

AT the present time, the object of experimental pharmacology is twofold. On the one hand, we have to investigate remedies which have already gained a fixed position in practical medicine; while, on the other hand, we must study products which have been made the subject of experimental and pharmacological inquiry, but which have not yet been tested practically.

It is this experimental pharmacological method which more especially claims my attention; and I am of opinion that it is a most important mode of investigation; at the same time, I readily admit that the results of clinical experience must never be lost sight of.

The principal aim which I have in mind is to make, not only abstruse physiological or chemical experiments, but to turn these experiments to account in the light of my pharmacological studies. Even those which appear to have a purely theoretical interest become the origin of practical discoveries.

Pharmacology must unite with all other branches of medicine, and pursue an exact experimental course. There can be no doubt that products obtained by the pharmacological method must inspire more confidence than those which are simply introduced by empirics.

There is a great difference between recommending a drug which has been studied from a pharmacological point of view and only introducing it in order that it may be tried in practice without previous experiments. In the latter case, a certain substance is introduced, and the decision on its merits is left to those who try it on their patients, and who judge by the results of their statistics.

One of the branches of pharmacology which have been most neglected is that which refers to drugs used in the treatment of skin-diseases. In consequence of our pathological studies into the nature of diseases, the local treatment has become more and more important. The method which I have employed, and the substance itself which makes the subject of my paper, are so simple, that I should be unwilling to occupy your time with them, if I had not, at the same time, to present to you some important considerations which will have soon to be studied by anatomists and physiologists. These studies may lead to new discoveries concerning the composition and metabolism of our body.

I wish to speak to you of a substance which I have called lanolin, the biological importance of which I have already had occasion to mention in this country. Lanolin is a cholesterin-fat which differs from the ordinary fat of the panniculus adiposus through its containing, instead of glycerine, the brilliant crystals of cholesterine, which are so well known to every microscopist.

Besides cholesterine, these fats contain other substances which are similar to cholesterine, but which have nothing in common with glycerine. In order to give you an idea of the differences which exist between these two sorts of fat, I may mention that cholesterine fats are not decomposed by boiling with alkaline solutions: that is to say, they do not form soaps; while, on the other hand, glycerine fats are easily split into soap and glycerine when treated in the same way. The decomposition of glycerine fats into fatty acids and cholesterine or cholesterine-like substances can only be produced by the action of a strong solution of alkali in alcohol. We have, therefore, to deal with a very stable chemical compound.

I have found yet another difference between these two sorts of fat. Lanolin absorbs water very readily. By simply stirring together a cholesterine fat and water, more than 100 per cent. of the latter can be incorporated with it, and a soft yellowish mass is formed, which is the lanolin, properly so-called. I have named lanolinum anhydricum the cholesterine fat deprived of water. Neutral glycerine fats, vaseline and petroleum fat do not absorb water, or only absorb it in a very small quantity.

Lanolin can be extracted from the fat contained in the wool of sheep; this fat, when unpurified, is called wool oil. It has been known for a very long time among the agricultural and cattle-breeding populations, and its old designation was œsypus.

I could not, without taking too much of your time, give you the history of this œsypus. I shall simply tell you that œsypus was already used in the time of Herodotus. Dioscorides describes the preparation of œsypus from wool, and his description is reproduced in most of the

* Read in the Section of Therapeutics and Pharmacology at the annual meeting of the British Medical Association in Brighton.

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pharmacopœias published up to the eighteenth century. It was also used by the ancients as a cosmetic, and Ovid mentions it in his "Ars Amatoria." The Roman ladies anointed their faces and skin with œsypus brought from Athens, and this in spite of its repulsive nature. Lanolin continued to be employed during the middle ages, as Mr. Milton has pointed out to me; he has found the œsypus mentioned in the Sloane edition of "Hieronymus Frascatorius."*

Œsypus was bound to be abandoned, as the impurities which it contained, especially the rancid fatty acids, often produced irritation of the skin. Many substances, called by fantastic names, have been recommended as substitutes for œsypus, but they all contained fatty acids; and many impure substances of this nature have been produced since my researches, and the name lanolin, which I have introduced for a definite substance, is improperly applied to them.

In my opinion, the best method consists in separating the lanolin from its emulsion by centrifugal action. The emulsion must be previously sterilized by the action of heat and alkalies. Distillation can, unfortunately, not be used, as it causes a partial decomposition, and an increase in the quantity of fatty acids. When lanolin was first introduced by me, I recommended to mix it with fat; but I am pleased to be able to withdraw this opinion, as I have succeeded in removing from lanolin the sticky cholesterine fats. It has thus become possible to obtain a substance which, in the state of lanolinum anhydricum and of lanolin, possesses the necessary softness. Referring to what I said in the beginning of my communication, I must now examine if lanolin is, unlike vaseline and fats, a substance similar to the fat contained in the skin and keratinous tissues.

My researches have led me to believe that it is always present wherever keratinous tissue is formed. As to the origin of this cholesterine fat, it may be asked whether it is secreted by glands, or formed simultaneously with the keratinous tissue. I can answer that the horny tissues are full of lanolin, even where there are no glands to produce it. The degree of brilliancy and elasticity of the horny tissue is in direct proportion to the amount of lanolin contained in it. I must not forget to say that some researches made by French experimenters have been of great interest to me while I was working on the subject. Berthelot† showed, many years ago, that it is possible to combine synthetically cholesterine and fatty acids; he also foresaw that this fat might be found in nature. I have found that the researches of Hartmann and Schultze have brilliantly confirmed those of Berthelot. I have, moreover, shown that lanolin is nearly always present in keratinous tissue.

On the other hand, Ranvier has discovered in the skin microscopical fatty globules, which have been called by him eleidin; we can also mention in this place the very important investigations of Waldeyer. We have here, possibly, the beginning of a series of researches which may lead ultimately to a more exact knowledge of the formation of lanolin in the cells of the skin. I say, therefore, gentlemen, that the constant presence of this fat in keratinous tissue and the discovery of the substance itself are the true base of the general therapeutical indications.

I have first of all shown that lanolin can be rubbed into the skin with great ease. When this rubbing is repeated several times, the skin becomes distinctly softer. This application of lanolin to the skin has been found very useful for massage by Dr. Ewer.‡ It is a great advantage that lanolin does not require to be removed with soap and water after massage. I may mention, also, that the easy penetration of the skin by lanolin explains the good results obtained with it in seborrhœa sicca.

It stands to reason, that the permeability of the skin varies in different persons; it is evident, also, that an epidermis already saturated by its natural lanolin cannot be impregnated with more fat as easily as a dry epidermis. Dr. Pawlowsky has, therefore, recommended to free the skin from its natural fat by means of ether before using the lanolin; there is no doubt that gray ointments prepared with lanolin are preferable to the ordinary ointments; this is

* "Hieronymi Frascatorii Syphilis sive Morbus Gallicus." Londini: 1884. Publications of the Sloane Society. "Interea, si membra dolor convulsa maligna torqueat œsypo propera lenire dolorem Mastichinoque oleo." Meanwhile, should severe pain assail the limbs, hasten to assuage the torment with oil.

† D'après diverses observations il ne paraît pas impossible que quelques-uns de ces éthers, le composé stéarique notamment, existent à l'état normale soit pathologique dans l'économie animale. Berthelot. "Chimie Organique fondée sur la Synthèse." Tom. I., p. 161. Paris, 1860.

‡ Die Anwendung des Lanolin bei der Massage, "Deutsche Med. Wochenschrift," 8 July, 1886. Berlin.

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the opinion of the well-known authority in Aix-la-Chapelle, Dr. Brandis (Behandlung der Syphilis. Berlin, Hirschwald. 1886. Third Edition).

It is certainly better to draw conclusions from a few carefully observed cases than from statistics, which are more or less misleading in cases of this kind.

The following may prove interesting to you: One of my colleagues in Berlin prescribed to a patient an inunction of gray ointment made with lanolin. He observed already, after two inunctions, an irritation of the skin and the formation of acne pustules. Wishing to enlarge my experience, I examined the ointment, and found no trace of lanolin in it. The chemist admitted that I was right, and said that a mistake had been made. After the disappearance of the skin-eruption, neutral, carefully prepared lanolin mercury ointment was used, and no return of the irritation was observed.

I took especial interest in a case of sycosis vulgaris, which had been wrongly diagnosed as parasitic sycosis. The patient, a young man, aged 19, had suffered five years from the disease, and had been treated without success, not only by all the usual means, but also by a preparation of lanolin; the latter, however, was of bad quality, and a rapid improvement took place as soon as the pure substance was employed.

I could mention to you many other cases in support of this view, but I think that the unirritating nature of lanolin is already generally admitted.

I wish now to make a few observations concerning the absorption of drugs through the skin. It must not be supposed that a substance applied to the skin, even in combination with lanolin, can be absorbed as quickly as through the intestines. It is also necessary to remember that a comparatively large quantity must be applied externally in order to produce the same general effects as a small quantity given by the mouth; the dose of mercury, for example, must be sixty times larger when used in the form of the ordinary gray ointment than when administered internally. Although lanolin mercury ointment is more readily absorbed than the ordinary one, it is quite certain that the quantity of mercury used must be much larger than what one would give internally.

I must now explain briefly, with the aid of this drawing, why absorption through the skin is slow. The superficial layer is the stratum corneum; then comes the stratum lucidum; then the granular layer, in which lanolin is probably formed; then the deep cells of the epidermis; and, at last, the papilla, with one vascular loop. When fat is rubbed into the skin, it finds only this one loop through which it can be absorbed; in the intestine, on the contrary, every villus contains numerous bloodvessels; hence the great difference in the power and rapidity of absorption.

I must end with a few remarks on a point of importance, concerning the use of lanolin, which shows very evidently the difference between it and ordinary fat; when lanolin is used on mucous surfaces it never forms a scab; this was, I believe, first noticed by B. Fraenkel, of Berlin. It may be explained in the following way. Lanolin has a great affinity for water, and this peculiarity explains why it adheres intimately to mucous membranes; fat and vaseline, on the contrary, remain separated from the mucous surface by the natural watery secretion.

It would lead me too far if I were to consider in detail the distribution of lanolin in the body, but I have reason to believe that it is found not only in the keratinous tissues, but also in the blood, liver, and other organs; never in the panniculus adiposus. Further researches will elucidate this question.

It has been objected to me that lanolin, which was known to the ancients, and used for centuries, would not have been abandoned if it had been really useful. To this I answer that what they used was œsypus, that is to say, impure wool-oil, which has many disadvantages and dangers. I cannot, therefore, lay too much importance on the fact that pure neutral lanolin must be used, not those substances which are sometimes falsely called lanolin, but which are in reality only impure and acid wool-oil or products of distillation, which contain still larger quantities of acids.

We see something analogous in the case of opium; after it had been used in the form of electuarium theriaca, that is to say, of an impure compound of opium, it fell into discredit for a long time, partly also through prejudice; and you know that Paracelsus was the first to reintroduce it in its pure state under the name of laudanum.

Thus, in lanolin, I introduce to you a sub-

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stance which, like many others, is old as history in its primitive forms—new as our most modern research in its derivative form. To transform the old, to apply to it the alchemy of science, to purify it, and to utilize it for the benefit of mankind—this is our aim. This has been my labor. I have the ambition and the belief to have rendered a service to humanity.

A new fatty substance, neutral, mixable with water, highly absorbable by the skin, is a desideratum. Such is lanolin, which I introduce to you, and for which I predict a long career of great usefulness in the dermatological therapeutics and in the hygiene of the skin.

Dr. JOHN V. SHOEMAKER, of Philadelphia, United States of America, stated: I think it was in 1879 that I showed by a series of experiments, which were reported before the Medical Society of the State of Pennsylvania, that the ointments of which the commonly employed basis is the petroleum products were often injurious to use for the skin, owing to the irritation which they frequently occasioned; and further demonstrated, by both clinical and physiological investigations, that these products had less affinity for animal tissue than animal fats, and, therefore, the latter had deeper penetrating power, and were better borne and better to use as a vehicle for the external application of various drugs. In 1884, at your meeting at Belfast, when I had the honor to address you on the Oleates, I repeated the statements just referred to, and the results of my experiments were reported in your Medical Journal. Professor Liebreich, in his first paper read upon Lanolin, announced the same fact, namely, that, by experiment with lanolin (and remember it is an animal fat), side by side with the petroleum products, the latter, having medicinal substances incorporated with them, proved almost inert; while the former, containing the same drugs, showed decided activity. These investigations have, I think, proved conclusively that animal fats are better adapted for external application, and possess what the petroleum products do not—power for deep penetration into the skin. I, therefore, at this time regard lanolin as one of the best vehicles for the basis of ointments. It also possesses two other most valuable qualities which make it superior as a basis for ointments. First, it will cling or adhere better to the skin than any other fatty substance, and will not melt and run off like lard and other fats, and it, therefore, serves better to keep the medicinal material in it upon the part for absorption. Secondly, it can be incorporated with oils and other substances, so that the lanolin can be brought in contact with the skin at any and all consistencies. This latter quality which lanolin possesses is a most valuable one, particularly if it is necessary to make the fat of the consistency of a lotion so as to apply it well to parts of the skin covered with hair. In reference to the therapeutics of lanolin, I might add that it has many most valuable uses. It possesses a mild and soothing action upon the skin. It will assist in overcoming all rough and irritable conditions of the integument, used alone or in combination with other substances. It is well adapted for application in the dry form of seborrhœa, or what is known as seborrhœa sicca. In like manner, it is effective to use in alopecia, especially if the loss of hair is due to the collection of scales and crusts upon the scalp. Chronic eczema—particularly of the scalp, palmar, and plantar surfaces—will not only in many cases improve, but will frequently quickly yield to the application of lanolin. It is not only useful in the above diseases, but acts with equal efficacy in very many other inflammatory affections of the skin. It soothes, relieves, and often cures all irritable states of the skin which occur from what is known as chapping. Lanolin is also a most decidedly useful application for boils, carbuncles, piles, cuts, and wounds.

Dr. MACKEY remarked that the main value of promoting absorption of effective drugs, for example, iodide of potassium in rheumatic arthritis and gland-enlargement, mercurial application in laryngeal congestion, etc., and especially in the scaly skin-diseases—for example, chrysophanic acid (one-half strength) in psoriasis—depended on rubbing in rather than on laying on.

Professor LIEBREICH briefly replied.

THERAPEUTIC NOTES.

A HOMELY COUGH MIXTURE.

I HAVE not for the past five years found a cough among my patients, no matter what the age or what the cause, whether bronchial, laryngeal, pneumonic, tubercular, or nervous, that did not receive more or less benefit from

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the free administration of a mixture prepared as follows:—

℞. Nicholson's, or Hoff's malt ext. Oj.
Whiskey (best) . . . ℥vj.
Glycerine (c. p.) . . . ℥vj.
Juice of six lemons.
Crush. sugar . . . . ℥ij.
Mix and boil ten minutes.
Sig.—From one to two teaspoonfuls to one or two tablespoonfuls, according to age, every one, two, or three hours, as may be indicated.

Prepared in this manner we have a most excellent expectorant cough mixture for general domestic use, containing nothing to disturb digestion, no opium, no ipecac., as do most of the stereotyped cough mixtures in the shops. The glycerine and malt are both beneficial to nutrition, as well as expectorant; and the same may be said of all the component parts of the combination.

The amount of the lemon-juice may be increased, according to the preference of the patient.

I am free to say, that in over two hundred and fifty families of this city, where I am the physician, this cough mixture is found indispensable. In my own family nothing else has ever been found necessary to control, relieve, and cure the coughs incident therein.—Dr. I. N. Love, *Weekly Medical Review.*

INFANTILE CONSTIPATION.

℞. Resinæ jalapæ . . . gr. vj.
Sacchara alba . . . ʒss.
M. Ft. charta No. vi.
Sig.—One powder every second night.

BRONCHITIS OF TYPHOID FEVER.

℞. Ol. terebinthinæ . . . ℥ss.
Tinct. capsici . . . . ʒss.
Syr. acacia . . . . ℥ij.
Syr. simp. . . . . ℥ij.
M. Sig.—Two teaspoonfuls every two or three hours.

CHRONIC ALCOHOLISM.

℞. Tinct. nucis vomica . . ʒij.
Tinct. capsici . . . . ʒj.
Ext. erythroxoli . . . fʒiij.
Sig.—Teaspoonful four times daily.

CASCARA CORDIAL.

A vehicle which would combine the properties of compatibility, permanency, and innocuousness, and above all possess the quality of disguising and rendering positively agreeable to the taste many of these nauseating and bitter preparations, must necessarily meet with universal appreciation of practitioners, and be a priceless boon to their patients.

It is the purpose of this note to call attention to such a vehicle and corrigent, and to suggest a few illustrative formulæ, which will indicate its very wide range of application in everyday practice.

We believe that that combination of aromatics and carminatives with cascara sagrada, known as Cascara Cordial, introduced by Messrs. Parke, Davis & Co., fulfils every required indication.

In addition to its power of disguising the taste of such bitter drugs as quinine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from its use, even when most strongly indicated, on account of the marked constipation it causes? To obviate this objectionable feature of this valuable hæmatic, we may use the following formula, or such modification of it as may be desirable:—

℞. Tinct. ferri chlor. . . ʒvj–ʒxij.
Cascara cordial . . ℥ij.
Water . . q. s. ad ℥iv.
M. Sig.—Teaspoonful T. I. D.

A very useful formula in the treatment of the anæmia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron, combined with cascara cordial, as follows:—

℞. Syrup. ferri iod.,
Cascara cordial . . . āā ℥ij.
M. Sig.—Twenty drops in water T. I. D., increased as required.

During the past year I have treated a large number of cases of phlyctenular keratitis—that form of corneal trouble so commonly met with in strumous children, and which by being simply neglected has caused the impairment of vision of so many people. In this disease of the eye, local means bear but a subordinate part to the general treatment. Tonics and alteratives are first in importance, and among

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them syrup of the iodide of iron, in my experience, has given the most satisfaction. Since I have been administering it in cascara cordial I find its efficacy much increased. I can prescribe it in larger doses and continue its use longer without experiencing any of the unpleasant effects of the iodide, and besides, I present a mixture which is very acceptable to the taste of the little patients.

In nervous debility and anæmia, and in phthisis, a combination of hypophosphite of iron with cascara cordial often acts very happily, especially where there is a tendency, as there often is, to atony of the muscular coat of the bowels, and consequent constipation. In this condition we could use to advantage:—

℞. Ferri hypophosphit. . . ℥ij.
Acid. hydrochlor. dil. q. s. ad solv.
Cascara cordial . . . ℥iiss.
Water . . . q. s. ad ℥iv.

M. Sig.—Teaspoonful four times a day, after meals and on retiring.

Perhaps no drug is more universally prescribed than quinine. When it is desired to produce an immediate absorption of this drug, it is preferable to give it in the form of powder or solution. Its inherent bitterness, however, renders this mode of administration objectionable to most patients. Innumerable vehicles have been tried to disguise its bitterness with varying success, but we believe none has proven so acceptable as cascara cordial, which has been extensively used for this specific purpose, and with most gratifying results. To abort an ague fit the following may be prescribed with advantage:—

℞. Quinia sulphat. . . . grs. x.
Cascara cordial . . . ℥ij.
Water . . . . ℥j.

M. Sig.—Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with cascara cordial, as follows:—

℞. Quinia sulphat. . . . ℥ij.
Cascara cordial . . . ℥ij.
Water . . . q. s. ad ℥iv.

M. Sig.—Teaspoonful three or four times a day. Increasing the quinine when indicated.

Intermittent headache, or supra-orbital neuralgia is often relieved by combining quinine with cascara. Here we fulfil two plain indications. We get the specific anti-periodic and anti-neuralgic effect of quinine, and the tonic laxative effect on the bowels of cascara. The following formula is a useful one:—

℞. Quinia sulphat. . . . ℥i⅓.
Cascara cordial . . . ℥ij.

M. Sig.—Teaspoonful as indicated.

In sick headache, the above formula may be combined with caffeine and salicylate of soda, thus—

℞. Quinia sulphat.,
Caffeine,
Soda salicylat. . . . āā ℥i⅓.
Cascara cordial . . ℥ij.
Water . . . q. s. ad ℥iv.

M. Sig.—Dose, a teaspoonful on a little finely cracked ice.

When it is desired to give the preparations of opium, and to antagonize their constipating effect, the addition of cascara cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give—

℞. Dover's powder . . . gr. x.
Cascara cordial . . . ℥ij.
Water . . . . ℥j.

M. Sig.—At a draught.

The cascara here secures a satisfactory evacuation from the bowel, and thus has a derivative effect on the catarrhal condition, which is further aided by the well known antiphlogistic action of the Dover's powder.

It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It is here that the specific action of cascara cordial is admirably shown. It not only secures a free, painless stool, but acts also as a stomachic, improving the processes of assimilation, which are so often at fault in cases of chronic invalidism.

It would be superfluous to suggest appropriate formulæ here; to any preparation of opium used we may add cascara cordial in quantities sufficient to meet the indications in the individual case. In melancholia, a condition now widely obtaining among women both in the higher and lower circles of society, and dependent on over- or underwork and insufficient or improper nourishment, opium will often furnish the needed stimulant, though it is most important in these cases not to establish the opium habit. Lauder Brunton, in his "Phar-

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macology, Therapeutics, and Materia Medica," page 724, suggests in this condition the use of the tincture of opium in doses of from five to ten minims. We could combine this with great advantage in these cases with cascara cordial, as follows:—

℞. Tincture of opium . . ℥iss–iiss.
Cascara cordial . . ℥ij.
M. Sig.—Teaspoonful as indicated.

Here the patient may be kept in ignorance of the fact that she is taking a narcotic—a material aid in preventing the future formation of the opium habit. In specific disease, in scrofula, glandular enlargement, and, in fine, whenever it may be desirable to give iodide of potassium for a considerable time for its alterative action, no better vehicle for the drug can be used than cascara cordial. A useful formula is the following:—

℞. Potassii iodid. . . . ℥iij.
Cascara cordial . . . ℥ij.
Water . . . q. s. ad ℥iv.
M. Sig.—Teaspoonful largely diluted T. I. D. The iodide of potassium to be increased as required.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus, salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced on account of the head symptoms developed; cascara cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with cascara cordial:—

℞. Sodii salicylat. . . . ℥j.
Cascara cordial . . . ℥ij.
Water . . . q. s. ad ℥iv.
M. Sig.—Teaspoonful in wine-glass of water four times daily, increasing or diminishing the salicylate as required.

The few illustrations given but imperfectly convey the very wide range of application of cascara cordial as a vehicle. The requirements of the physician will extend its use to almost all prescriptions needing correction either on account of their bitterness or tendency to constipate. So many diseases are dependent upon or attended by disturbance of the functions of digestion and assimilation, and especially by interference with the secretory functions of the bowels, and so many valuable drugs, the use of which is indispensable, but serve to increase or perpetuate this tendency, that the application of a vehicle which secures palatableness and at the same time establishes a regular action of the bowels, must come into very general use in the everyday routine practice of the physician. —R. S. HENRY, M.D., *Med. and Surg. Reporter*.

DIARRHŒA OF PHTHISIS.

℞. Tinct. kino . . . . ℥ss.
Tinct. catechu . . . ℥ss.
Tinct. capsici . . . . ℥ss.
Tinct. cinchonæ comp. . . ℥j.
M. Sig.—Teaspoonful every two or three hours.

COUGH MIXTURE.

℞. Ammonii chloridi . . . ℥ij.
Syr. pruni virginiana . . ℥iss.
Syr. yerba santa . . . ℥iss.
M. Sig.—Teaspoonful every three hours.

IVY POISONING.

Dr. J. F. White (Therapeutic Gazette) recommends—

℞. Sodæ sulphatis . . . ℥j.
Acid. carbol. . . . ℥iss.
Glycerine . . . . ℥ij.
Aqua . . . q. s. ad ℥viij.
Ft. sol.
M. Sig.—Apply on cloths, keeping them constantly wet with the solution.

LITHIASIS.

℞. Vini colchici rad. . . . ℥ij.
Potassii bicarb. . . . ℥ss.
Aqua . . . . . ℥iv.
M. Sig.—Two teaspoonfuls in water three times a day.

CAPILLARY BRONCHITIS.

℞. Vini ipecac. . . . . ℥iss.
Ammonii carb. . . . ℥ss.
Ammonii chloridi . . . ℥ij.
Syr. yerba santa . . . ℥j.
Aqua . . . q. s. ad ℥iv.
M. Sig.—Two teaspoonfuls in water every two hours.

INFANTILE PNEUMONIA.

℞. Tinct. aconiti rad. . . ♏xviij.
Tinct. sanguinaria . . ℥ij.
Syr. simp. . . . ℥ij.
M. Sig.—Teaspooonful every hour and a half.

QUINSY.

℞. Tinct. veratri viride . . ℥ss.
Potassii bicarb. . . . ℥ss.
Aqua . . . . . ℥ij.
M. Sig.—Teaspoonful every three hours.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Dec. 1886.

A GRIEVOUS ERROR IN INFANTILE DIETETICS.

WE doubt if there be a more grievous error than that which many physicians commit in directing the milk on which infants are nourished to be largely diluted with water. Dr. Taafe, for instance, in an address delivered before the recent meeting of the British Medical Association says: "No infant at the breast, or who is being brought up by hand, should be fed more than once in three hours during the day and twice in the night; after five months old, every four hours during the day and twice in the night. If brought up by hand the food should consist only of milk and water to be sucked from a bottle. For the first day or two after birth the proportion should be milk one-fourth, water three-fourths. After the first day or two and up to two months old, milk one-third, water two-thirds; from two to four months old, milk and water in equal parts; from four to seven months old, milk two-thirds and water one-third. A dessertspoonful of sugar of milk may be added to each bottle." Dr. Taafe's directions are substantially the same as those which are given by numerous other writers and teachers, and, like them, result, in the overwhelming majority of cases, in the gradual emaciation of the unhappy little patients.

Dr. N. S. Davis has shown that the proportion of casein, butter, and salts to water in the milk of healthy nursing mothers is about 1 to 7, and in good cow's milk about 1 to 6.3. In other words, the relative excess of the nutritive material in cow's milk is less than one-and-a-half per cent., or not more than the difference often observed between different specimens of healthy human milk. It is evident, therefore, that little or no dilution is necessary, and that when it is practised to the extent of two or three hundred per cent., as recommended by Dr. Taafe and other writers, the resulting fluid is grossly deficient in the material necessary to sustain nutrition. An infant to whom such a mixture is administered soon becomes restless, and is continually fretting and crying for more food. In order to pacify it, the bottle is given it at too frequent intervals, and its stomach becomes over-distended with a watery innutritious liquid. Vomiting, diarrhœa, and other gastro-intestinal disturbances follow as a matter of course. The blood becomes thin and impoverished, the child peevish and emaciated, and, in too many cases, finally succumbs from inanition, unless carried off by some intercurrent disorder to which its half-starved condition makes it an easy victim.

Opiates, astringents, and tonics are of little avail. Sufficient nourishing food is the one thing necessary, and without which medication is useless. Let the infant be given pure fresh cow's milk containing the full natural proportion of solid constituents, and in a short time it will be fat, quiet, and happy. In some cases it may be found advisable to add a tablespoonful of lime-water to each pint of milk, in order to render it neutral or slightly alkaline in reaction, but any further dilution will be not only useless but positively injurious.

SOME COMMON MISTAKES IN THE MANAGEMENT OF THE PUERPERAL PERIOD.

IT is a mistake to not apply an abdominal bandage after delivery has been effected. The muscles have been strained to the utmost extent, and require to be supplemented by artificial aid until their normal contractile power is restored. A well-applied bandage not only adds to the immediate comfort of the patient, but, by checking the sagging of the abdominal walls and the consequent formation of a pendulous abdomen, prevents many a future regretful pang.

It is a mistake to not administer a laxative to the puerperal woman until the third or fourth day. If constipation is hurtful to a man of active habits, it is certainly not benefi-

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cial to a woman confined to bed in a warm room and surrounded by exhalations of a more or less unpleasant character. Many cases of so-called septicæmia are produced or aggravated by the absorption of putrid material from the intestines, and disappear after a brisk purgative is given. The health and comfort of all puerperal patients would be promoted by the administration of a gentle laxative twenty-four hours after delivery.

It is a mistake to use antiseptic vaginal, or uterine injections as a matter of routine practice If the lochial discharges become offensive, or if there be reason to suspect the presence of placental or other débris in the uterus, they may be employed, but not in any other case. Intrauterine injections should always be given by the physician himself and not intrusted to a nurse.

It is a mistake to suppose that a rise of temperature in puerperal women is always due to septic infection. She is not exempt from any of the grave diseases which attack humanity. Many slight febrile attacks are due to the irritation of unnecessary injections, others are produced by cold, malaria, and nervous disturbances.

It is a mistake to regard quinine as the antipyretic *par excellence* in all diseases of the puerperal period. Quinine is invaluable in the treatment of septic and malarial fevers, but in purely inflammatory affections it is much inferior to aconite and veratrum viride.

It is a mistake to restrict the diet of a puerperal woman to bread and tea, or gruel and similar articles. Rest for the stomach as well as for the body is imperative during the first few hours succeeding delivery, but after then it is unnecessary, as well as injudicious, to keep the patient upon low diet. Milk, soups, oysters, eggs, beefsteak, and fruit may be freely partaken of. Cool water may also be drank *ad libitum*.

IMPOTENT MALICE.

WE have seldom witnessed a more pitiable example of impotent malice than that which was recently exhibited by the Medical News, of Philadelphia, and the American Practitioner, of Louisville, in referring to the resignation of Dr. Williams, of Cincinnati, from the Presidency of the Ophthalmological Section of the Ninth International Medical Congress. Dr. Williams, who may be justly entitled the father of ophthalmology in the United States, was one of the original appointees of the Congress, but, being misled by the clamor and misrepresentations of the little clique of Eastern specialists who failed to appropriate all the offices, he tendered his resignation to the committee. He soon discovered his error, however, and reaccepted the position with the determination to make his Section second to none in the Congress in practical results. Unfortunately, his health failing him during the summer, he was compelled to relinquish all professional work and seek a new lease of life in the valleys of California. His resignation from the Congress, owing alone to this cause, was duly published in the Journal of the American Medical Association and other journals. The editors of the Medical News and the American Practitioner, who are now alone in their unpatriotic opposition to the Congress, announced the resignation under the flaring headline of "ANOTHER RESIGNATION FROM THE CONGRESS," but deliberately omitted to state that Dr. Williams resigned solely on account of indisposition. Their object evidently was to create an impression abroad that there is still widespread dissension in the profession of this country, and that the Congress will not be a success. But it, however, has proved a miserable failure, and cannot fail to react disastrously upon its unpatriotic projectors.

THE JOURNAL OF COMPARATIVE MEDICINE AND SURGERY.

THE Journal of Comparative Medicine and Surgery, which has been printed in New York for a number of years, will hereafter be published by A. L. Hummel, M.D., of 1217 Filbert Street, Philadelphia. The first number issued by the new publisher gives promise of a brilliant future. It contains a number of original communications of great merit and practical value.

The articles on "Avian Tuberculosis," "Barsati, or Atrophic Carcinoma," etc., are alone worth a year's subscription to the journal.

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CORRESPONDENCE.

OUR PARIS LETTER.

A NEW METHOD OF TREATING TYPHOID FEVER—HYSTERICAL AMAUROSIS—AN INSTRUMENT FOR FUNCTIONAL EXAMINATION OF THE RETINA—PERI-NEPHRITIC PHLEGMON INDEPENDENT OF RENAL AFFECTION—COCAINE IN ULCERATIONS OF THE TONGUE—LOBULAR PNEUMONIA—PUERPERAL NEURITIS IN CASES OF TABES—FILARIA MEDINENSIS.

AT a recent meeting of the Société Médicale des Hôpitaux. M. Albert Robin described a new method of treating typhoid conditions. In this morbid evolution the human organism is always overladen with the residue of nutrition incompletely oxidized. This detritus is eliminated with difficulty, from the fact that they are but slightly soluble in the fluids of the human organism. There are certain pharmaceutical substances, which combine with the nitrogenous residue of the human organism, and render them more soluble, and thus facilitate their elimination. The principal agents which act as dissolvents are benzoic and salicylic acid, which, after combining with nitrogenous substances, such as glycocol, passes into the urine as salicyluric and hippuric acid. M. Robin, in his first experiment, studied the physiological action of benzoic acid on combustible substances. He administered benzoic acid to persons in good health, whom he had previously dieted during a few days under the influence of this treatment. The solid constituents of urine were slightly diminished, there was also a smaller proportion of urea, and its relative proportion to solid matter was lower. These results must not be attributed to a moderating action, exercised by benzoic acid on combustion; this phenomenon is not modified, but the acid carries away into urine part of the substances which have entered into combustion. On another occasion, M. Robin administered benzoic acid to five patients with typhoid fever, in whose urine he noticed an increase in the weight of urea and solid matter. Salicylic acid and salts have effected the same results, also substances such as zylene, toluic acid, ethyl, and propyl-benzine, which in passing through the system became transformed into benzoic acid, combining with nitrogen.

M. Bernheim read a paper at the recent medical congress at Nancy, on hysterical amaurosis, which he said was purely psychical. In two cases in his wards it was observed that there was complete amaurosis of the left eye, and, as the patients saw nothing when the right eye was closed, it was easy to prove that this cecity was psychical. With this phenomenon in view, M. Bernheim used an apparatus invented by M. Stœber, which is a modified form of Snellen's, and serves to detect simulated amaurosis. He placed glasses on the patients' eyes which had one glass red and one green, then the patients were told to read from a frame on which letters were printed on red and green glass alternately. M. Bernheim's patients were made to read with the right eye, the left being shut, and, with the red eye-glass, they could only distinguish the red letters, but with both eyes open they were able to read the letters on red and green glass. Patients affected with unilateral hysterical amaurosis generally can only see one object, but those above mentioned saw equally well with the affected eye as with the non-affected. Hysterical achromatopsia is quite as psychical as amaurosis. M. Grenier quoted the following experiment of achromatopsia: The patient was hysterical, and to her left eye all objects appeared gray; a colored card, printed green, appeared green to the right eye, but gray to the left one; but if a prism were placed before the right eye, the patient, instead of seeing a green object and a gray one, saw two green ones. On repeating the experiment with the left eye, two gray objects were seen. M. Bernheim gives another case where the left eye was affected with achromatopsia, a red object seen with that eye appearing gray, but red with the right eye. On making the patient look through a prism she saw double. If, with the affected eye closed, a prism was put before the right eye, only one red object was seen, but if the prism was looked through by the left eye, the object appeared double and in its right color. The prism had given the true color, and had removed the illusion by diverting the patient's morbid imagination, thus the patient's diverted imagination suggested a double object. These are clearly cases of unconscious auto-suggestion. The patient being unconscious of what he sees. M. Bernheim considered that it would be more rational to give the name of visual amnesia to this complaint, and he added that amaurosis and achromatopsia, suggested by a hypnotic state, are of the same nature. In conclusion he stated that hysterical amaurosis has no anatomical localization, that it is neither localized in the retina nor in the optic nerve, nor in the visual cortical centre, and only exists in the patient's imagination.

At the medical congress at Nancy, M. Charpentier, of that town, showed a new instrument intended for clinical examination of the visual functions. This instrument can be used, first, for examining luminous sensibility by means of the minimum quantity of light; second, for examining the perception of colors by the same method; third, for examining the perception of the differences of light in white or colored light;

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fourth, for examining the perception of colors by means of a new method, which consists in making appear upon an uncolored ground a colored surface, where the color becomes gradually more and more intense until it is recognized by the eye. This instrument is composed of a horizontal copper tube about five centimetres in diameter, supported by a stem fixed to a wooden slab. This tube is closed at each end by a piece of ground glass, which can be substituted, if necessary, by a translucid paper or china disc. Moreover, owing to the presence of two almost contiguous convergent lenses, the image of the ground glass behind is thrown upon the front disc. A movable screen, with an aperture which can be made smaller or larger, is placed between the two lenses, which enables different sections of the surface to be seen on these lenses, and, consequently, to regulate at will the lighting of the front glass. The light thrown on is in proportion to the free surface of the opening of the diaphragm in question. This free surface is always in the form of a square, the side of which is marked in millimetres upon an external graduation. The front glass is placed at the end of an ocular tube through which one looks, and which constitutes, when the eye rests on the opening, a dark chamber. This ocular tube is united to the first tube with lenses by a square box, of which the left side can be open or shut as desired. When there is a left side, the instrument can be used to ascertain the perceptible minimum of light. An oil lamp gives a constant light, and lights the back part of the instrument. A special appendage placed between that part and the source of light, is constructed to hold the colored glasses destined to determine the maximum of perceptible color.

In the Gazette des Hôpitaux, M. Mesnet mentions a case of peri-nephritic phlegmon, which occurred under the following circumstances: A young man of twenty-five years of age, was admitted into one of the Paris hospitals on the second of August, who, a fortnight previously, had suddenly been seized with violent pain in the renal regions, rendering dorsal decubitus impossible. There were no feverish symptoms, the temperature remaining at 38° centigrade; pulsation, 80. Digestive organs and urine were in a normal condition; no diarrhœa or sickness ensued. The only perceptible phenomenon was the continued excruciating pain towards the right side of the renal regions. Great difficulty was experienced in making any examination of the affected part, as, on the slightest pressure or touch, the pain was intolerable; no swelling or redness of the skin were visible. M. Mesnet came to the conclusion that peri-nephritic phlegmon had developed itself in the cellular zone surrounding the kidneys, and that an abscess must have formed from the commencement of the excessive pain. An operation was made ten days after the patient's entrance to the hospital, by effecting an incision an inch and a half deep, parallel with the vertebral column, and, on reaching the abscess, one and a half pints of thick pus were removed. Relief was immediately obtained, the patient being able to turn and stretch his limbs, which, before the operation, had not been possible. A drainage-tube was introduced into the wound, which was dressed by antiseptic means; cicatrization followed rapidly, and a fortnight afterwards the patient had entirely recovered.

In the Gazette des Hôpitaux, M. Tillaux mentions the case of a man suffering for four years from buccal psoriasis. Cauterization had repeatedly been made, but with no good result, and M. Tillaux advised an operation, which was performed with the aid of a fifty per cent. solution of cocaine, applied every six minutes to the part affected. Five applications were made up to the time of operating, and the result was so satisfactory that dissection and ablation of the mucous membrane were effected without the patient feeling the slightest pain.

At a recent meeting of the Société Médicale des Hôpitaux, M. Renant read a paper on a case of lobular pneumonia. Crepitating râles and murmurs were heard in the right lung and once in the left one. M. Renant rejected the hypothesis of pulmonary congestion and bronchial pneumonia; the progress of the disease and its suddenness were incompatible with it. M. Rendu suggested that it might be localization of influenza in the pulmonary organs, facts concerning serpiginous pneumonia having long been known of. M. Renant replied that he was convinced that there existed distinct areas presenting lesions characteristic of pneumonia. They were separated by a zone of healthy tissue, free from any morbid stethoscopic sounds.

At a recent meeting of the Académie des Sciences, M. Charcot read a paper on peripheral neuritis, by M. Pierret. The writer stated that he did not consider these lesions to be absolutely constant, but he believed them to be curable even in cases of tabes, with confirmed posterior spinal sclerosis without complications. In a recent case, M. Pierret observed the restoration of the nerve tubes of nerves innervating the skin. This important statement would suggest the idea that the lesion of peripheral nerves is probably only the distant transfer of inflammatory irritation of sensitive zones of nerve centres, which can never be cured, though remaining susceptible to longer or shorter periods of remission. Painful symptoms, which are imputed to peripheral neuritis are accessible to rational treatment. The beneficial action of certain mineral waters is thus easily explained.

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At a meeting of the Académie de Médicine last July, M. Le Fort presented a long fragment of filaria medinensis, which he had taken from a subcutaneous abscess; the patient had another small tumor on the calf of his leg, which doubtless was owing to the presence of the parasite.

MEDICAL NEWS AND MISCELLANY.

DR. JOHN D. MERCUR has removed to 1432 Pine Street.

DR. F. B. HAZEL has removed to 841 North Broad Street.

DR. J. R. F. BELL has removed to No. 2028 North Broad Street.

DR. HUNTER P. COOPER has been elected Professor of Chemistry in the Atlanta Medical College.

DR. M. H. JORDAN, of Birmingham, has been elected Professor of Materia Medica and Therapeutics in the Alabama Medical College.

DR. JOSEPH G. RICHARDSON, Professor of Hygiene in the University of Pennsylvania, died at his residence in this city on November 13th.

THE government chemist of New Zealand is reported to have proven that the dust of the recent volcanic eruptions is of great value as a fertilizer.

LIEUTENANT-COLONEL JOHN MOORE, Assistant Medical Purveyor, U.S.A., has been appointed to the surgeon-generalship made vacant by the retirement of Brigadier-General Robert Murray.

THE degree of Master of Arts has been conferred on Professor James M. Holloway, of Louisville, by the faculty of Centre College, Danville, Ky., and on Professor M. F. Coomes, of Louisville, by the faculty of St. Mary's College, near Lebanon, Ky.

THE CHICAGO GYNÆCOLOGICAL SOCIETY has elected the following officers for the year 1886–1887: President, Charles Warrington Earle; First Vice-President, E. C. Dudley; Second Vice-President, T. D. Fitch; Secretary and Treasurer, Edward Warren Sawyer; Editor, W. W. Jaggard.

THE NEW YORK STATE MEDICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. Isaac E. Taylor, of New York; Secretary, Dr. E. D. Ferguson, of Troy; Treasurer, Dr. John H. Hinton, of New York; Librarian, Dr. J. W. S. Gouley, of New York.

DANIEL G. BRINTON, A.M., M.D., the well-known editor of the Medical and Surgical Reporter of this city, and the author of valuable works upon aboriginal American languages, has been elected Professor of American Archæology and Linguistics in the Literary Department of the University of Pennsylvania.

WHEN TO ADMINISTER TÆNIACIDES.—In the treatment for tape-worm it is the custom, I believe, to give the remedy to the patient fasting. Is this right? To whom is the remedy addressed: to the man or the parasite? The worm has a small head with a long and comparative large body, composed of joints nearly independent, which, when mature, separate (are not broken) and are discharged with the ova. The head anchors the worm but does not materially nourish it, which is done by absorption by the joints themselves. Now, give the remedy to the patient fasting and it is rapidly absorbed, and the man, not the worm, gets the effect of the vermifuge.

If you give the remedy an hour or two after a meal, just as the digested food is passing from the stomach, it is not so liable to be injured by digestion, but passes with the digested food along the length of the intestines, and the worm is bathed with it from stem to stern and gets its full effect. This is my experience.—W. C. BENNETT, M.D.—*New England Medical Monthly.*

THE BALD-HEADED MEN OF THE EAST.—Again the Western physician suffers. A little while ago a great man told us that we had malaria, and might not attain to that high average of scientific lore that was reached by our more favored brethren of the East. Now comes Mr. Eaton, Medical Record, October 2, and observes "that the per cent. of baldness is in direct proportion to the amount of 'education and cultivation.'" Furthermore, Mr. Eaton and Dr. W. A. Hammond tell us that "bald-headed men are most plentiful in New York and Boston. After these come Philadelphia, Washington, and the Western towns."

A few weeks since, it was bad enough, but having tried to get rid of our malaria in our desire to grasp science, we now find we have too much hair. Is there no relief? We believe we were born bald-headed, but that does not count; it must be the result of "education and cultivation." Some of us drank at the fountain of knowledge where the bald-headed philosophers of the East sold the waters and worked the pump handle. Others lived for long years in the East where the skies were blue, the wind blew, and a few of the savants blew and still are blowing, but it was in vain, our hair grew and here we are.

We know that in Mexico there are dogs that are hairless. Does this show a similarity between

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Mexico and New York? Are the Mexican dogs being "educated and cultivated" for New York society—or is New York going to the dogs?

We now know why the bald-headed man selects the front row at the theatre—he is a scienist, a comparative anatomist perhaps, looking for fat calves. We now know why William A. Hammond is bald. He is scientific, and Mr. Eaton, he too is bald, we suppose—at least he is bare-faced enough to be bald all over.

Dermatologists tell us that many cases of alopecia in the East are due to syphilis. If, according to the immortal Billings, malaria is antagonistic to science in the West, we are led to believe that syphilis favors it in the East. Do we not know that syphilis sometimes produces baldness in New York, and that baldness shines most where there is education, *i. e.*, in New York and Boston according to Dr. Hammond and Mr. Eaton.

We had thought that possibly Dr. Hammond left his hair, when for certain reasons he suddenly left the army some years ago; but we live and learn.

There is another cause of baldness, other than cultivation, education, and syphilis, which we fear the learned investigators have not considered. Sometimes there is a contraction of brain matter and an evolution of gas in the cranium. Part of this gas escapes through different channels, and part being retained, not only produces an enlargement of the head—called by various names—but may permeate the calvarium and destroy the hair follicles.

This condition has, we believe, never been noticed west of the Allegheny Mountains, the few cases of baldness in the Mississippi Valley being due, as Mr. Eaton has said, "to education and cultivation."—*Weekly Medical Review.*

DRY CHLORIDE OF SODIUM IN THE TREATMENT OF SUBINVOLUTION OF THE UTERUS.—That peculiar enlargement of the uterus, with its accompanying train of distressing symptoms known as subinvolution of the uterus, is a matter of such common occurrence and is so often difficult to cure that any one who has anything promising to offer in the way of treatment, may be excused for enlarging existing literature on the subject. The writer desires here to commend most highly the surgical treatment of the disease.

The various plastic operations upon the uterine cervix which have been recommended by authorities he has found sufficient to compass a cure in the large majority of cases; but in those cases where for any reason operative surgical measures are withdrawn advisably, he has found the treatment by dry applications of sodium chloride to the swollen cervix most satisfactory. It has been in use in my practice for more than two years, and the success which has attended its use where I have applied it myself or directed its use in consultation, has been most pleasing.

The formula I use is this:—

℞. Chloride of sodium . . . ℥j.
Powd. slippery elm bark . . ℥iij.
Powd. hyoscyamus leaves . ℥j.

Mix and rub in a hot and dry mortar until thoroughly desiccated.

This is applied to a diseased cervix uteri in quantities equal to an ordinary teaspoonful once every other day, and sometimes oftener.

My common plan is to take a piece of absorbent cotton, circular, and three inches in diameter, just thick enough to hold the powder placed inside. The edges of the cotton are then folded over the powder and tied with a string which is left of a length suitable to facilitate the withdrawal of the tampon thus made, from the vagina. This insures the contact of the dry salt with the diseased uterus pretty nearly, although a thin layer of absorbent cotton intervenes between the salt to be dissolved and the uterus to provide the fluid for dissolving it. In case the application proves painful, the tampon is withdrawn, and another replaced containing a larger quantity of hyoscyamus or opium, or morphine, as I may think best adapted to the case. To apply the chloride of sodium prepared in the manner just described, a speculum is first introduced and the swollen cervix brought into view and proper position, then that end of the cotton tampon which contains the chloride of sodium, etc., is passed through the speculum and placed against the cervix. It is held in position with dressing forceps while the speculum is withdrawn. The tufted end of the tampon insures its contact with the cervix after the forceps are released.

The principle on which the influence of this remedy depends is found in: (*a*) The depletion of the uterus of its fluid to liquefy the chloride of sodium. (*b*) The antiseptic properties of the salt checking and preventing putrefactive and fermentative changes in the vagina and uterus. (*c*) The presence of a mechanical support for the enlarged and malposed uterus favoring better circulation of blood through that organ.

In occasional cases I have observed that the patient did poorly when cotton was used to hold the powder in position. It appearing that the mere presence of the cotton adding to the bulk of the foreign body in the vagina was cause sufficient to make the patient listless and decline in health. In such cases I have introduced a small Ferguson speculum, brought the uterus into position, and thrown a teaspoonful of the powder directly upon the diseased organ. To relieve pain, I have added opium powder, hyoscyamus powder, or belladonna powder, to the salt and slippery elm.—HAL C. WYMAN, M.D.—*Medical Age.*

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COMMERCIAL NEWS.

NOT A GYNÆCOLOGICAL PATIENT.

"Some pleasures still in Satan's lot prevail,
For he at least unquestionable is male.
I'm sure that once he stopped and prayed,
'Twas when he found he could not be spayed."

THE CHEAPEST MICROSCOPE

In the world, when quality is considered, is Beck's "Star" Microscope. This seems to be the verdict of all who use this instrument, and if any of our subscribers contemplate adding a microscope to their armamentarium we would advise them to write to W. H. Walmsley (1016 Chestnut Street, Philadelphia) for an illustrated price list of the "Star"—giving THE BULLETIN credit for having called attention to the subject.

HOW MANY DROPS TO A DOSE?

"From Tyrian purple to pants is a big *drop*," says an exchange, on learning that Dr. Mary Walker has been suggested for the editorship of "Literary Life."

TREATMENT OF RECTAL DISEASES.

The Rorick Improved System of Rectal Treatment is practical, legitimate, and what it is claimed to be. It brings the successful treatment of diseases of the rectum within the easy reach of every practical practitioner, and it is not revolting to patients. The rectum is not an exception to other organs of the body. It is subject to pathological conditions which produce remote troubles, for the relief of which the patient seeks advice without being conscious they possess a rectum. No physician is longer excusable for abandoning this large and important field to dishonest and incompetent specialists.—*Editor of Chicago Medical Times.*

Send to Dr. Rorick (202 State Street, Chicago) for full information on the subject of this new and very successful system, and say you act on the advice of THE MEDICAL BULLETIN.

"COMPARISONS ARE ODIOUS."

Some one has discovered certain points of similarity between a baby and a widower: He cries a great deal the first three months; after this he becomes quiet and begins to notice; and it is with considerable difficulty that he is made to survive his second summer.—*Ex.*

A PURE WHISKEY.

In these days of adulteration and substitution it is a gratification to the physician when prescribing whiskey to *know* that his patient is taking an absolutely pure and good article. We believe the "Garrick Club" whiskey, made by Bruce, Norris & Co., of 15 North Front Street, Philadelphia, to be the purest whiskey in the market, and since its price is almost as low as inferior brands we would suggest to our readers that they learn, by writing to the manufacturers, where this pure whiskey can be obtained in their respective localities. Do not forget to say that you act on the advice of THE MEDICAL BULLETIN. They will no doubt furnish our readers a trial bottle at reduced cost.

THE gouty patient, on contemplating a meagre micturitory achievement, murmured sadly, "Little drops of water, little grains of sand."—*Boston Medical and Surgical Journal.*

GOOD INVESTMENTS.

It has been calculated that several hundred millions of dollars have been sent from the East to the West during the past twenty-five years for investment in farm mortgages, and of this vast sum almost absolutely nothing has been lost. Securities which pay seven and eight per cent. interest regularly and surely, must be in demand, and the difficulty often is to supply them fast enough for Eastern purchasers. There are many companies dealing in these loans, and two of the best are represented in the East by Henry A. Riley, Eastern Manager, 170 Broadway, New York. These companies have ample capital, are well managed and are doing a large business. Should any of our readers be thinking of making investments, they cannot do better than write to Mr. Riley and see what he has to offer. See his advertisement on page 9.

THE MEDICAL BULLETIN has been averaging between 300 and 400 hundred new subscribers monthly for the past six months.

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Milk is nature's perfect emulsion. All preparations of cod-liver oil in the market are emulsions in some form, and their value and easy digestibility over the plain oil must consist in the division of the oil globules, and the emulsion that most nearly resembles milk will be nearest the perfect emulsion. Professor John Attfield learned by comparative experiments that the Peptonized Cod-Liver Oil and Milk made by Reed & Carnrick most nearly approaches milk in the perfection of emulsion, the oil being in even a finer state of division than the butter in milk. It is very palatable and acceptable to the stomach. Write for a sample (*gratis*), not neglecting to mention THE MEDICAL BULLETIN.

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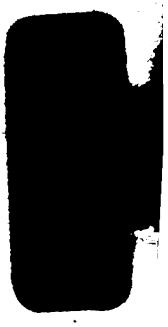

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